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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Optometric Association Political Action Committee 1505 Prince Street ADDRESS (number and street) Suite 300 Check if different than previously VA 22314 Alexandria reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00024968 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 05 0 1 2007 05 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dorothy Hitchmoth, O.D. Type or Print Name of Treasurer Electronically Filed by Dorothy Hitchmoth, O.D. 06 14 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name American Optometric Association Political Action Committee [®] D " D 0.5 0 1 2007 0.5 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 380998.25 [°]2007 January 1 (b) Cash on Hand at 258504.59 Begining of Reporting Period 160652.54 298180.05 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 419157.13 679178.30 6(a) and 6(c) for Column B) 70565.41 330586.58 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 348591.72 348591.72 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

2007

м м 0 5

To:

3^D1

2007

0.00

0.00

298180.05

298180.05

0 1

м м 0 5

Write or Type Committee Name

Report Covering the Period:

(b) Levin Funds (from Schedule H5)

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

American Optometric Association Political Action Committee

From:

COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 100816.51 172959.92 (i) Itemized (use Schedule A) 59813.08 117852.25 (ii) Unitemized (iii) TOTAL (add 160629.59 290812.17 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 160629.59 290812.17 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 5000.00 Political Committees 17. Other Federal Receipts 22.95 2367.88 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)

0.00

0.00

160652.54

160652.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures(c) Total Operating Expenditures	1330.41	6982.81
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1330.41	6982.81
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	69235.00	323603.77
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))		0.00
	(use Schedule F)	0.00	0.00
:6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
•	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	70565.41	330586.58
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	70565.41	330586.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	160629.59	290812.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	160629.59	290812.17
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1330.41	6982.81
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	1330.41	6982.81

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Jonathan J Schorn Mailing Address 10766 Amherst Way City Inver Grove Height FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General		Optometry Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Steven P Consoer Mailing Address 786 Barrington Dr	0 0	365.00	Date of Receipt
	City Shakopee FEC ID number of contributing federal political committee.	State MN	Zip Code 55379	Transaction ID: 25882295 Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		Optometry Year-to-Date 250.00	
)	Full Name (Last, First, Middle Initial) Dr Susan Leach Reckell Mailing Address P.O. Box 17714 City Fountain Hills FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General		Zip Code 85269-7714 Toptometry 9 Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 25882296 Amount of Each Receipt this Period 250.00
s	UBTOTAL of Receipts This Page (optional)	0 0	0 0 0 0 0 0 0	865.00
T	OTAL This Period (last page this line number on	lv)	.	

PAGE 7 / 118 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt A. Dr Dwayne R Ice Mailing Address 5140 Skyview Drive 05 2007 01 City State Zip Code Transaction ID: 25882297 Rapid City SD 57702 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Paul R King Date of Receipt Mailing Address 1203 Carson St 0 5 01 2007 City State Zip Code Transaction ID: 25882298 Eureka CA 95501-4273 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Matthew R Hileman Date of Receipt Mailing Address 1820 Vineyard Ave 05 2007 03 Zip Code Citv State Transaction ID: 25895040 St Helena CA Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 118 (check only one) X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Political	al Action C	Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Christopher Barry			Date of Receipt
	Mailing Address 910 N 32Nd Street			05 04 7 2007
	City	State	Zip Code	Transaction ID: 25895197
	Renton	WA	98056-2131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Dr Robert G Le Sage			Date of Receipt
	Mailing Address 1027 Averly Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25895915
	Ft Myers	FL	33919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
).	Full Name (Last, First, Middle Initial) Dr Jeffrey L Fielding			Date of Receipt
	Mailing Address Route 2 Box 505			05 03 7 2007
	City	State	Zip Code	Transaction ID: 25895916
	Cushing	OK	74023-9587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
_				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 118			
ITEMIZED DECEIDTS			or each category of the	(check only one)			
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a			y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	American Optometric Association Politic	cal Action (Committee				
Α.	Full Name (Last, First, Middle Initial) Dr Donald B Bogue			Date of Receipt			
	Mailing Address 217 Trailwood Circle			05 03 YYYYY 2007			
	City	State	Zip Code	Transaction ID: 25895917			
	Lufkin	TX	75904-4372	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	-	050.00	7			
	Other (specify)		250.00				
В.	Full Name (Last, First, Middle Initial) Dr Coby S Ramsey			Date of Receipt			
	Mailing Address 2924 Driftwood Lane			05 03 7 2007			
	City	State	Zip Code	Transaction ID: 25895922			
	Rock Springs	WY	82901-6558	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		· · · · · · · · · · · · · · · · · · ·	7			
	Other (specify) ▼	0 0	500.00				
<u> </u>	Full Name (Last, First, Middle Initial) Dr Karin E Meng			Date of Receipt			
	Mailing Address 12555 La Cresta Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 25895924			
	Los Altos Hills	CA	94022-2510	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 365.00	1			
_	Other (specify) ▼	0 0	303.00				
s	UBTOTAL of Receipts This Page (optional)			1115.00			

SCHEDULE A (FEC Form 3X)			Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 10 / 118
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
II LIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action (Committee	
Α.				Date of Receipt
	Mailing Address 104 Woodland Terrace			05 03 7 2007
	City	State	Zip Code	Transaction ID: 25895926
	Oneida	NY	13421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Dr Joseph J Grant			Date of Receipt
٥.	Mailing Address 13 Nixon Avenue			M M / D D / Y Y Y Y
	Maining Address 15 Mixon Avenue			05 03 2007
	City	State	Zip Code	Transaction ID: 25895927
	Plymouth	MA	02360	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		Optometry Year-to-Date ▼	_
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr John C Spaeth, Jr			Date of Receipt
	Mailing Address 6851 Foxborough Ct			M M / D D / Y Y Y Y
	20		-	05 03 2007
	City	State	Zip Code	Transaction ID: 25895936
	Yorba Linda	CA	92886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	1
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash	,			
т	OTAL This Period (last page this line number or	ılv)		

SCHEDULE A (FEC Form 3X)

PAGE 11 / 118 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt A. Dr Sebastian A Polizzi Mailing Address 11 Cabriolet Lane 05 2007 03 Zip Code City State Transaction ID: 25895940 Melville NY 11747 Amount of Each Receipt this Period FEC ID number of contributing 200.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. William H Stephen Date of Receipt Mailing Address 4808 Tannery Place 0 5 07 2007 City State Zip Code Transaction ID: 25896826 Tampa FL 33624-4532 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Donna Buraczewski Date of Receipt Mailing Address 901 Main Street 05 2007 04 City State Zip Code Transaction ID: 25899024 Simpson PA 18407-1911 Amount of Each Receipt this Period FEC ID number of contributing 365.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 930.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X) Use separate		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 118	
ITEMIZED RECEIPTS		or each category of the		(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		71	
\rangle	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Morgan R Leach			Date of Receipt
	Mailing Address 313 Fox Drive			05 04 2007
	City	State	Zip Code	Transaction ID: 25899027
	Great Falls	MT	59404-3835	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:		Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Dr Ron Benner			Date of Receipt
	Mailing Address 1408 E Maryland			05 07 7 2007
	City	State	Zip Code	Transaction ID: 25899314
	Laurel	MT	59044-2238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Michael Charles Charles Crutchfield			Date of Receipt
	Mailing Address 8230 W Sahara Avenue #121			05 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25915144
	Las Vegas	NV	89117-8930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	1	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1115.00

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/118
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
_			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may le and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Political	Action C	Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Scott M Burks			Date of Receipt
	Mailing Address P O Box 1351			05 7 7 2007
	City	State	Zip Code	Transaction ID: 25915152
	Buffalo	MO	65622-1351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Self Employed	Occupation Doctor of	Optometry	
			Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Dr Robert A Bisanar			Date of Receipt
	Mailing Address 2025 Tenth St Blvd, Nw			05 / 07 / 4 2007
	City	State	Zip Code	Transaction ID: 25915154
	Hickory	NC	28601-1705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Self Employed	Occupation		
			Optometry Year-to-Date ▼	_
	Primary General	nggregate		
	Other (specify) ▼	0 0	500.00	
). D.	Full Name (Last, First, Middle Initial) Dr Daniel A Poth			Date of Receipt
	Mailing Address 5401 N 20Th St			05 / 08 / 2007
	City	State	Zip Code	Transaction ID: 25915586
	Arlington	VA	22205-3020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Self Employed	Occupation Occtor of	Optometry	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
SI	JBTOTAL of Receipts This Page (optional)		.	1115.00
т,	This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU		PAGE 14/118
ITEMIZED RECEIPTS or each ca			or each category of the	(check only on		44. 🗖 46
			Detailed Summary Page	X 11a 13	11b	11c 12 15 16 17
An	by information copied from such Reports and State	ements may	not be sold or used by any perso			
or	ny information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributio	ons from su	uch committee.
\	NAME OF COMMITTEE (In Full)		_			
/	American Optometric Association Politica	al Action (Committee			
۹.	Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III			Date of Re	ceipt	
	Mailing Address 1229 Highland Lakes Tra	il		0 5	10	2007
	City	State	Zip Code	Transactio	n ID: 259	
	Birmingham	AL	35242-6886			eipt this Period
	FEC ID number of contributing federal political committee.	C			1 1	50.00
	Name of Employer Self Employed	Occupation	n Optometry			
	Receipt For:		Year-to-Date ▼	1		
	Primary General	33 -3-40				
	Other (specify) ▼	0 0	250.00			
3.	Full Name (Last, First, Middle Initial) Dr Robert J Blumthal			Date of Re	ceipt	
	Mailing Address 119 Exmore Drive			0 5	D D D	2007
	City	State	Zip Code	Transactio	n ID: 259	18662
	Springfield	<u>IL</u>	62704-3137	Amount of	Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C				83.33
	Name of Employer Self Employed	Occupation				
			Optometry	4		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		333.32			
- C.	Full Name (Last, First, Middle Initial) Dr Michael T Cron			Date of Re	ceipt	
	Mailing Address 9217 Elmwood Court			0 5	1 0	2007
	City	State	Zip Code	Transactio	n ID: 259	18664
	Stanwood	MI	49346-9305	Amount of	Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C				41.66
	Name of Employer Self Employed	Occupation	n Optometry	7		
	Receipt For:		Year-to-Date ▼	-		
	Primary General	33 -3-40				
	Other (specify) ▼	0 0	208.30			
s	UBTOTAL of Receipts This Page (optional)		·····			174.99
_		`				
T	OTAL This Period (last page this line number onl	y)	>			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 11a 11b 11b 13	PAGE 15/118 11c
Ar or	ny information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of solic	iting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Political				
A.	Self Employed 1		Zip Code 36748 Optometry Year-to-Date ▼	Date of Receipt M M M / D D D Transaction ID: 2 Amount of Each Re	5918667
3.	Dr Robert L Jarrell, III Mailing Address 50 Cedar Hill Rd City Albuquerque FEC ID number of contributing federal political committee. Name of Employer Self Employed		Zip Code 87122-1928 Optometry Year-to-Date ▼ 500.00	Date of Receipt M M M / D D D O 5 1 0 Transaction ID: 2 Amount of Each Re	2 0 0 7 5918671
D.	Self Employed 1		Zip Code 61401-2766	Date of Receipt M M M / D D D O 5 1 0 Transaction ID: 2 Amount of Each R	2 0 0 7 5918672
s	UBTOTAL of Receipts This Page (optional)				300.00
Т	OTAL This Period (last page this line number only))	>		

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 16/118
SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
\setminus	NAME OF COMMITTEE (In Full)			
\angle	American Optometric Association Politic	cal Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Gregory W W Kraupa			Date of Receipt
	Mailing Address 4280 Reiland Lane			05 10 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25918675
	Shoreview	MN	55126-3127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	-	Year-to-Date ▼	
	Primary General	, ,	420.00	1
	Other (specify) ▼	0 0	120.00	
— В.	Full Name (Last, First, Middle Initial) Dr Gary W Lasken			Date of Receipt
	Mailing Address 10215 N North Forest T	rail		M M / D D / Y Y Y Y
				05 10 2007
	City	State	Zip Code	Transaction ID: 25918677
	Peoria Football Control of the Contr	<u>IL</u>	61615-1378	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.66
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General		000.00	1
	Other (specify)	0 0	208.30	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson			Date of Receipt
	Mailing Address 9940 S Ashleigh Way			05 10 2007
	City	State	Zip Code	Transaction ID: 25918683
	Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation		
		1	Optometry	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	1 ' '	300.00	
				1
s	UBTOTAL of Receipts This Page (optional)			225.66

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 / 118		
		Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			13 14 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may be name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
American Optometric Association Po	litical Action	Committee			
Full Name (Last, First, Middle Initial) A. Dr Gregory C Russell			Date of Receipt		
Mailing Address 2505 Rivermont Circl	е		05 10 7 2007		
City	State	Zip Code	Transaction ID: 25918686		
Kingsport	TN	37660-2392	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		83.33		
Name of Employer Self Employed		f Optometry			
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1		
Other (specify) ▼	0 0	333.32			
Full Name (Last, First, Middle Initial) 3. Dr Jennifer E Davis			Date of Receipt		
Mailing Address 16 Pambrook Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 25918694		
Fishersville	VA	22939-2123	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		42.00		
Name of Employer	Occupation	n	_		
Self Employed	1	f Optometry			
Receipt For:		e Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	210.00			
Full Name (Last, First, Middle Initial) Dr Richard L Foss			Date of Receipt		
Mailing Address W5224 Knobloch Roa	ad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 25918698		
<u>La Crosse</u>	WI	54601-2461	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		41.66		
Name of Employer Self Employed	Occupation Doctor of	n f Optometry			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼		208.30			
SUBTOTAL of Receipts This Page (optional)			166.99		
			-		

_				FOR LINE NUMBER: PAGE 18/118
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 118 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Suffillary Fage	13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Polit	ical Action (Committee	1
A.	Full Name (Last, First, Middle Initial) Dr Mira B B Swiecicki			Date of Receipt
	Mailing Address 450 F Street			05 10 7 2007
	City	State	Zip Code	Transaction ID: 25918699
	Blaine	WA	98230-4201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General		225.00	1
	Other (specify)		225.00	
— В	Full Name (Last, First, Middle Initial) Dr Daniel Richard Eckermann			Date of Receipt
٥.	Mailing Address 5436 Linda Lane			M M / D D / Y Y Y Y
				05 09 2007
	City	State	Zip Code	Transaction ID: 25925536
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial)			Data of Descript
C.	Dr George J Brown, III Mailing Address 163 Brightridge Ave			Date of Receipt
	City	State	Zip Code	0 5 0 9 2 0 0 7 Transaction ID: 25925537
	E Providence	RI	02914	Amount of Each Receipt this Period
	FEC ID number of contributing		02011	
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
		0 0		1
	UBTOTAL of Receipts This Page (optional)			525.00

SCHEDULE A (FEC Form 3X)			Use separate s	FOR LINE NUMBER: PAGE 19 / 118 (check only one)								
IT	EMIZED RECEIPTS		or each catego	`—	<u> </u>	٦ ´	$\overline{}$		—			
•••	LIVIIZED MEDEN 13		Detailed Summ	X	11a 📙	11b	Ш	11c	12	_	_	
						13	14		15	16		17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	itements may name and add	not be sold or use dress of any politic	ed by any persor al committee to s	n for the solicit co	purpos ontributi	e of so ons fro	licitir m sı	ng cont uch cor	tributior mmittee	IS t.	
abla	NAME OF COMMITTEE (In Full)											
\rangle	American Optometric Association Politic	cal Action (Committee									
Α.	Full Name (Last, First, Middle Initial) Dr Shirley Jean Willis				Da	ate of Re	eceipt					
	Mailing Address 1001 Elizabeth St) 5		^D	/ Y	200		
	City	State	Zip Code		Tra	nsactio	on ID:	259	25548	8		
	Oak Hill	WV	25901-2342		An	nount of	Each	Rec	eipt this	s Period	t	
	FEC ID number of contributing federal political committee.	C		·						250.	00	
	Name of Employer Self Employed	Occupation Doctor of	n Optometry									
	Receipt For:		Year-to-Date ▼		-							
	Primary General	7 1991 09410	Tour to Buto V									
	Other (specify)	0 0	0 0 0 0	250.00								
В.	Full Name (Last, First, Middle Initial) Dr Mark James Cinalli				Da	ate of Re	eceipt					
	Mailing Address 229 Plantation Drive) 5		9	/ Y	200		
	City	State	Zip Code		Tra	nsactio	on ID:	259	25549	9		
	Mineral Wells	WV	26150-9638	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				-			250.			
					4 -							
	Name of Employer Self Employed	Occupation Doctor of	n Optometry									
	Receipt For:	Aggregate	Year-to-Date									
	Primary General		1 1 1 1									
	Other (specify)	0 0	0 0 0 0	250.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr David Wayne Harshberger				Da	ate of Re	eceipt					
	Mailing Address 652 N Main Street) 5 ^M		9	Y	^Y 2 0 0		
	City	State	Zip Code		Tra	nsactio	on ID:	259	25550	0		
	N Martinsville	WV	26155			nount of						
	FEC ID number of contributing federal political committee.	С						_		600.	00	
	Name of Employer Self Employed	Occupation Doctor of	n Optometry									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	600.00								
S	UBTOTAL of Receipts This Page (optional)									1100.	00	
\vdash	== 1 1712 of the orange (optional)					-			-			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 118
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Stater	ments mav	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nam	ne and add	lress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	American Optometric Association Political	I Action (Committee	_
۹.	Full Name (Last, First, Middle Initial) Dr Melvyn S Mazer			Date of Receipt
	Mailing Address 20 Dell Circle			05 09 7 2007
	City	State	Zip Code	Transaction ID: 25925552
	Trumbull	CT	06611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	250.00
	Self Employed	Occupation	Optometry	
			Year-to-Date ▼	-
	Primary General	, igg. oguto		
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Dr Paul L Harman			Date of Receipt
	Mailing Address 1421 Silver Pine Lane			05 09 7 2007
	City	State	Zip Code	Transaction ID: 25925556
	<u>Tallahassee</u>	FL	32312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Self Employed	Occupation		
			Optometry	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
).	Full Name (Last, First, Middle Initial) Dr Fred H Mothershed			Date of Receipt
	Mailing Address 3019 Bentwood			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25925558
	Tupelo	MS	38804-9780	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	1	7
			Optometry	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
			<u>. </u>	
T	OTAL This Period (last nage this line number only))	•	

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 118			
ITEMIZED RECEIPTS		or each category of the	(check only one)			
II LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12			
			13 14 15 16 17			
Any information copied from such Reports and Stator for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Optometric Association Politic	cal Action C	Committee				
Full Name (Last, First, Middle Initial) A. Dr Dori M Carlson			Date of Receipt			
Mailing Address P O Box 0			05 09 7 2007			
City	State	Zip Code	Transaction ID: 25925560			
Park River	ND	58270	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		1000.00			
Name of Employer Self Employed	Occupation Doctor of	Optometry				
Receipt For:	I	Year-to-Date ▼				
Primary General			1			
Other (specify) ▼	0 0	1000.00				
Full Name (Last, First, Middle Initial) 3. Dr Darrin P Fleming			Date of Receipt			
	•					
Suite 101	05 09 7 2007					
City	State	Zip Code	Transaction ID: 25925565			
Eugene	OR	97401-6023	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer	Occupation		7			
Name of Employer Self Employed		Optometry				
Receipt For:	Aggregate	Year-to-Date ▼	7			
Primary General	1 1		1			
Other (specify) ▼	0 0	250.00				
Full Name (Last, First, Middle Initial)			Date of Desci-t			
Dr Scott Smith Weaver Mailing Address 50 Doersam Ct			Date of Receipt			
			05 09 7 2007			
City	State	Zip Code	Transaction ID: 25925567			
<u>York</u>	PA	17406	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Self Employed	Occupation Doctor of	Optometry	7			
Receipt For:		Year-to-Date ▼	_			
Primary General	7 tggi ogato	Tour to Bato V	1			
Other (specify) ▼		250.00				
			1500.00			
SUBTOTAL of Receipts This Page (optional)		<u> </u>	1000.00			

COUEDINE A /EEC Form 2V)				FOR LINE NUMBER: PAGE 22 / 118			
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)			
ΙT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12			
			Detailed Summary Page	13 14 15 16 17			
۸r	ny information copied from such Reports and Sta	ntomonte mou	y not be cold or used by any perce				
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
$ \rangle$	American Optometric Association Politi	cal Action (Committee				
	American Optometric Association Folia	cai Action (Sommittee				
<u>/</u>	Full Name (Last, First, Middle Initial)						
A.	Dr Gilbert G Wong			Date of Receipt			
	Mailing Address 7810 W Maui Lane			M M / D D / Y Y Y Y			
				05 09 2007			
	City	State	Zip Code	Transaction ID: 25925569			
	Peoria	AZ	85381-3414	Amount of Each Receipt this Period			
	FEC ID number of contributing			500.00			
	federal political committee.	C		500.00			
	Name of Employer Self Employed	Occupation					
			Optometry				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	1	500.00	7			
	Other (specify)	0 0		1			
D	Full Name (Last, First, Middle Initial) Dr Robert M Wlodek			Date of Receipt			
Ь.				-			
	Mailing Address 245 Elkins Circle		05 09 2007				
	City	State	Zip Code	Transaction ID: 25925572			
	Henderson	NV	89074	Amount of Each Receipt this Period			
		INV	89074	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	rederal political committee.						
	Name of Employer Self Employed	Occupation	ำ	\exists			
	Self Employed	Doctor of	Optometry				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		050.00	1			
	Other (specify)		250.00				
_	Full Name (Last, First, Middle Initial)						
Ċ.	Dr Larry E Harris			Date of Receipt			
	Mailing Address 6021 Nw Glenwood Driv	/e		05 09 2007			
	City	State	Zip Code				
	Topeka	KS	66617	Transaction ID: 25925573			
	•	NO	00017	Amount of Each Receipt this Period			
	FEC ID number of contributing	C		250.00			
	federal political committee.						
	Name of Employer	Occupation	า	\exists			
	Self Employed		Optometry				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		050.00	7			
	Other (specify) ▼		250.00				
s	UBTOTAL of Receipts This Page (optional)			1000.00			
\vdash	,			_			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 118 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Political			
۹.	Full Name (Last, First, Middle Initial) Dr Gregory B Hagedorn			Date of Receipt
	Mailing Address 308 Herron Ave			05 09 YYYYY 2007
	City	State	Zip Code	Transaction ID: 25925574
	Henderson	KY	42420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Dr Tom A Hyde			Date of Receipt
	Mailing Address 1414 Darbee Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25925577
	Morristown	TN	37814-1695	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	1000.00	
Э.	Full Name (Last, First, Middle Initial) Dr Richard C Orgain			Date of Receipt
	Mailing Address 1277 Hwy 25 W			05 10 7 2007
	City	State	Zip Code	Transaction ID: 25926663
	Gallatin FEO ID and the state of and the state of the sta	TN	37066-6106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
S	UBTOTAL of Receipts This Page (optional)			1750.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 118
ITEMIZED RECEIPTS		or each category of the	(check only one)
TEMIZED RESERVES		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Polit	ical Action	Committee	
Full Name (Last, First, Middle Initial)			
A. Dr Robert P Pharr			Date of Receipt
Mailing Address 130 Pharr Circle			M M / D D / Y Y Y Y
Oth.	04-4-	7in Ondo	05 10 2007
City <u>Atta</u> lla	State AL	Zip Code 35954-5599	Transaction ID: 25926668 Amount of Each Receipt this Period
		33934-3399	
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation	n	
Seir Employea	Doctor of	f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	' '	250.00	
Other (specify)	1 1	0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial) 3. Dr Leif E Erickson			Date of Receipt
Mailing Address Rt 8			M M / D D / Y Y Y Y
	05 11 2007		
City	State	Zip Code	Transaction ID: 25927634
<u>Hayward</u>	WI	54843	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation	n	\dashv
Name of Employer Self Employed		f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	-	500.00	1
Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr Karen R Wharton			Date of Receipt
Mailing Address 11684 Ranch Elsie Rd			M M / D D / Y Y Y Y
			05 11 2007
City <u>Golde</u> n	State CO	Zip Code	Transaction ID: 25927637
•		80403-7307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation	n	7
Self Employed	Doctor of	f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	, ,	1000.00	
☐ Outer (specify) ▼			1
			1550.00
SUBTOTAL of Receipts This Page (optional)		·····	1550.00
TOTAL This Period (last page this line number of	only))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 118 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr James Mathew Hutchins			Date of Receipt
	Mailing Address 101 S Shore Drive			05 11 2007
	City	State	Zip Code	Transaction ID: 25927640
	Sleepy Eye	MN	56085-1327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General		365.00	1
	Other (specify)		303.00	
— В	Full Name (Last, First, Middle Initial) Dr Barbara Ann Sharps			Date of Receipt
	Mailing Address 7122 Scottsdale Road			M M / D D / Y Y Y Y
				05 11 2007
	City	State	Zip Code	Transaction ID: 25927646
	Fairmont	WV	26554-8800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
	☐ Other (specify) ▼	0 0	230.00	
— С.	Full Name (Last, First, Middle Initial) Dr Henry B Samson			Date of Receipt
	Mailing Address 38 Peck Hill Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25927648
	Woodbridge	CT	06525	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation		7
	Self Employed	-	Optometry	_
	Receipt For:	Aggregate	e Year-to-Date ▼	. [
	Primary General Other (specify)		500.00	
	Other (Specify) \			1
s	UBTOTAL of Receipts This Page (optional)			1115.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 118 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Politica			
۸.	Full Name (Last, First, Middle Initial) Dr James Cooke Bieber			Date of Receipt
	Mailing Address 1837 Baldridge Rd			05 11 YYYYY 2007
	City	State	Zip Code	Transaction ID: 25927651
	Columbus	OH	43221-3811	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed		Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Dr Donna Marie Ellinger			Date of Receipt
	Mailing Address 7812 W 95Th Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25927652
	Westminster	CO	80021-8659	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation	Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
— Э.	Full Name (Last, First, Middle Initial) Dr James C Bigham			Date of Receipt
Mailing Address 1202 W Buena Vista Ste 1		107		05 11 YYYYY 2007
	City	State	Zip Code	Transaction ID: 25927656
	Evansville	IN	47710-5185	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
s	UBTOTAL of Receipts This Page (optional)			1615.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 118
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr William J Hoover			Date of Receipt
	Mailing Address 602 Columbia Ct			05 11 2007
	City	State	Zip Code	Transaction ID: 25927661
	Glenwood Sprgs	CO	81601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr Mark E Allmaras			Date of Receipt
	Mailing Address 3107 Kesterel St		05 14 7 2007	
	City	State	Zip Code	Transaction ID: 25935005
	Valaraiso	IN	46383-7090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	☐ Other (specify) ▼	0 0	230.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Ronald M Millman			Date of Receipt
	Mailing Address 4 Timber Lane			05 14 2007
	City	State	Zip Code	Transaction ID: 25935009
	Randolph	NJ	07869-4518	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	1
	Primary General	33 79-110		1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)		_	750.00
1				

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Llos concrete cobodulo(o)	FOR LINE NUMBER: PAGE 28 / 118
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Carl Wade Wade Newton			Date of Receipt
	Mailing Address 1019 South Kansas			05 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25935011
	Cherokee	OK	73728	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Dr Matthew Allan Jones			Date of Receipt
	Mailing Address E 2320 39Th			05 14 YYYY 2007
	City	State	Zip Code	Transaction ID: 25935016
	Spokane	WA	99223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Rodney D Fair			Date of Receipt
	Mailing Address 1169 Coneflower Way			05 14 YYYY 14 2007
	City	State	Zip Code	Transaction ID: 25935031
	Brighton	CO	80601-6785	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	\dashv
	Primary General	, iggi ogale		1
	Other (specify)		250.00	
				1000.00
S	UBTOTAL of Receipts This Page (optional)			1000100

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 118
ITEMIZED RECEIPTS			or each category of the	(check only one)
TI LIMIZED TIEGEN TO			Detailed Summary Page	X 11a 11b 11c 12
	information and formation Branch and Old			13 14 15 16 17
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	al Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Mark Laton Bettencourt			Date of Receipt
	Mailing Address 1107 3Rd St		7.0.	05 14 2007
	City	State	Zip Code	Transaction ID: 25935033
	Wamego	KS	66547-1406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Dr Christina M Fox			Date of Receipt
	Mailing Address 1315 Marion Rd			M M / D D / Y Y Y Y
	City	State	Zip Code	05 14 2007
	City Bucyrus	OH	44820	Transaction ID: 25935040
	•	OH	44020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:		Year-to-Date ▼	-
	Primary General	riggregate	Tour to Bate V	1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			Date of Descire
C.	Dr Wendy A Waguespack Mailing Address 871 Pastureview Dr			Date of Receipt
	Walling Address 8/1 Pastureview Dr			05 14 2007
	City	State	Zip Code	Transaction ID: 25935041
	Baton Rouge	LA	70810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
			Year-to-Date ▼	
	Primary General	1 1	500.00	7
	Other (specify) ▼		500.00	
	LIPTOTAL of Descripts This Description			1000.00
	UBTOTAL of Receipts This Page (optional)		······	
_	OTAL This Period (last page this line number on	lv)	,	

SCHEDULE A (FEC Form 3X)			Llea caparata cabadula(c)	FOR LINE NUMBER: PAGE 30 / 118
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
HEWIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ny information copied from such Reports and Statem for commercial purposes, other than using the name	ents may e and add	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
American Optometric Association Political Action			Committee	
A.	· · · · · · · · · · · · · · · · · · ·			Date of Receipt
	Mailing Address 708 10Th St So	<u> </u>		05 14 2007
	•	State	Zip Code	Transaction ID: 25935226
		MN	55792	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C ;		250.00
	Self Employed 1	Occupation Doctor of Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial)			Data of Daggint
Ь.	Dr Travis P LaFayette Mailing Address 28273 Se Highway 224			Date of Receipt
	Walling Address 20273 Se Flighway 224	05 14 2007		
	City	State	Zip Code	Transaction ID: 25935227
	Eagle Creek	OR	97022-9721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Solf Employed	ccupation		
			Optometry	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		250.00	
	Guier (openity)	0 0		1
С.	Full Name (Last, First, Middle Initial) Dr Michael Willard Emmerich			Date of Receipt
	Mailing Address 58379 Pinehurst Court	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City State Zip Code			
	•	ND	58201	Transaction ID: 25935229 Amount of Each Receipt this Period
	FEO ID acceptance (acceptable of acceptable of		00201	
	federal political committee.	C		250.00
	Self Employed	ccupation octor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	1
	LIPTOTAL of Descripts This Description III			750.00
L	UBTOTAL of Receipts This Page (optional)			
_	OTAL This Period (last page this line number only)		ı	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 118
ITEMIZED RECEIPTS			or each category of the	(check only one)
11	EIWIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politica	al Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Michael G Blake			Date of Receipt
	Mailing Address P O Box 2859	05 15 2007		
	City	State	Zip Code	Transaction ID: 25944936
	Gallup	NM	87305-2859	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General	1 1	250.00	
	Other (specify) ▼		350.00	
В.	Full Name (Last, First, Middle Initial) Dr Viktoria L Davis			Date of Receipt
	Mailing Address 310 E Main St	05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 25945581
	Madelia	MN	56062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer	Occupation	n	
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		365.00	
	Other (specify)		303.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr Debarah Ann Wallace			Date of Receipt
	Mailing Address 3397 Charleston Highway	1		05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25945583
	Walterboro	SC	29488-6122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Salt Employed	Occupation	n f Optometry	
	Receipt For:		e Year-to-Date ▼	-
	Primary General	23 0 11		1
	Other (specify) ▼		250.00	
	UDTOTAL of December This December 19			715.00
l S	UBTOTAL of Receipts This Page (optional)		······	

SCHEDIII E A /EEC Form 2V)				FOR LINE NUMBER: PAGE 32 / 118
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and Sta	atemente may	, not be sold or used by any pers	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	American Optometric Association Foliti	cai Action v	Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr Peter Charles Dubin			Date of Receipt
	Mailing Address 3397 Charleston Highw	M M / D D / Y Y Y Y		
		05 15 2007		
	City	State	Zip Code	Transaction ID: 25945584
	Walterboro	SC	29488-6122	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
				_
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	11
	Other (specify)			1
В.	Full Name (Last, First, Middle Initial) Dr Randy L Hertneky			Date of Receipt
υ.	Mailing Address 333 South Ivy	M M / D D / Y Y Y Y		
	Mailing Address 333 South Tvy	05 16 2007		
	City	State	Zip Code	Transaction ID: 25945684
	Yuma	CO	80759-2313	Amount of Each Receipt this Period
			30700 2010	Amount of Each recorpt this i ched
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation		
	Sell Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	
_	Full Name (Last, First, Middle Initial) Dr Raymond K Greene			Date of Receipt
٥.	Mailing Address 3207 N 22Nd St			M M / D D / Y Y Y Y
	Walling Address 3207 N 22Nd St			05 15 2007
	City	State	Zip Code	Transaction ID: 25951259
	Coeur D'Alene	ID	83815	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
			Optometry	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	11
	Other (specify)			1
				1250.00
S	UBTOTAL of Receipts This Page (optional)		······	1230.00
				-

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 118		
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)		
•••	LIVIIZED RECEIP 13			X 11a		
				13 14 15 16 17		
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	American Optometric Association Politic	cal Action	Committee			
Full Name (Last, First, Middle Initial) A. Dr David J Caban				Date of Receipt		
	Mailing Address 50 Hawk Drive	05 15 2007				
	City	Zip Code	Transaction ID: 25951263			
	Bedford	NH	03110	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupation Doctor of	n Optometry			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500,00	1		
	Other (specify) ▼		500.00			
В.	Full Name (Last, First, Middle Initial) Dr Martin J Sikorski	Date of Receipt				
	Mailing Address 1912 E York Lane	05 15 2007				
	City	Transaction ID: 25951267				
	Wheaton	<u>IL</u>	60187-5816	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	365.00			
	Name of Employer Self Employed	Occupation	า			
	Self Employed	Doctor of	Optometry			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		005.00	1		
	Other (specify)	0 0	365.00			
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr Douglas Curtis Clark	Date of Receipt				
	Mailing Address 2530 Woodfern Cir	05 15 2007				
	City	Transaction ID: 25951269				
	Birmingham	ngham AL 35244-6405				
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Self Employed	n Optometry				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		1000.00	1		
	Other (specify) ▼		1000.00]		
				1865.00		
S	UBTOTAL of Receipts This Page (optional)		••••••••••••••••••••••••••••••••••••••	1003.00		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 118 (check only one)		
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a		
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	I y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action (Committee			
<u>/</u>	Tiodi 7 totion				
Full Name (Last, First, Middle Initial) Dr Michael Caplan	Date of Receipt				
Mailing Address 11469 Bronzedale Driv	lailing Address 11469 Bronzedale Drive				
City	State	Zip Code	Transaction ID: 25951271		
<u>Oakton</u>	VA	22124	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self Employed	Occupation Doctor of	n f Optometry			
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1		
Other (specify) ▼		250.00			
Full Name (Last, First, Middle Initial) Dr Ally Stoeger			Date of Receipt		
Mailing Address 5413 Mt Greenwich Co	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	Transaction ID: 25951272				
<u>Burke</u>	VA	22015-2148	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7		
Receipt For:		e Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	250.00			
Full Name (Last, First, Middle Initial) Dr Anne F Meccariello			Date of Receipt		
Mailing Address 9415 Onion Patch Driv	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: 25951273		
<u>Burke</u>	VA	22015	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer Self Employed Docto		n f Optometry			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼		250.00			
SUBTOTAL of Receipts This Page (optional)			750.00		
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 35 / 118
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	cal Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Alice Jean Baumstark			Date of Receipt
	Mailing Address 3100 Vista Del Sur Nw	05 15 2007		
	City	State	Zip Code	Transaction ID: 25951276
	Albuquerque	NM	87120-1510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	7
	Primary General	-	265.00	
	Other (specify)		365.00	
3.	Full Name (Last, First, Middle Initial) Dr Jay S S Folkman	Date of Receipt		
	Mailing Address 12410 San Francisco Ne			05 15 7 2007
	City	State	Zip Code	Transaction ID: 25951277
	Albuquerque	NM	87122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		f Optometry e Year-to-Date ▼	_
	Primary General	Aggregate	F Teal-10-Date V	
	Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) Dr Shinichi Sean Hamashige			Date of Receipt	
	Mailing Address 2321 Calle Tranquillo	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 25951278
	Santa Fe	NM	87505-6330	Amount of Each Receipt this Period
	FEC ID number of contributing			005.00
	federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		f Optometry e Year-to-Date ▼	_
	Primary General	Aggregate	e real-lo-Dale V	1
	Other (specify)	0 0	365.00	
s	UBTOTAL of Receipts This Page (optional)			1095.00
			<u> </u>	
T	OTAL This Period (last page this line number or	nly)	>	

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 118 (check only one)
			or each category of the	
• •			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persoderess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Andrea E Bethel			Date of Receipt
	Mailing Address 6001 Winter Haven Nw Ste K			05 15 2007
	City	State	Zip Code	Transaction ID: 25951279
	Albuquerque	NM	87120-1745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed		Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Dr Robert Lee D'Orazio			Date of Receipt
	Mailing Address 1611 Kiva Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 25951933
	Gallup	NM	87301	Amount of Each Receipt this Period
	•		3.30.	7 tillodrit di Zadri i teodipi tillo i dilod
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	n · Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
		0 0	0 0 0 0 0 0 0	1
C.	Full Name (Last, First, Middle Initial) Dr Steven Allen Degroff			Date of Receipt
	Mailing Address 7592 N 300 E			05 15 2007
	City	State	Zip Code	Transaction ID: 25951936
	Decatur	IN	46733-9448	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	_
	Primary General	ggi ogaic		1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			815.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) American Optometric Association Politi	cal Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Robert A Turcios, Jr			Date of Receipt
	Mailing Address 367 Marti Marie Dr			05 15 2007
	City Martinez	State CA	Zip Code 94553	Transaction ID: 25951937 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Doctor of	n · Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Dr Robert Rush Sandlin			Date of Receipt
	Mailing Address 22710 Village Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25951938
	Athens	AL	35613-2873	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
<u> </u>	Full Name (Last, First, Middle Initial) Dr Jerry Samuel Hardison			Date of Receipt
	Mailing Address 6 Scarsdale Road			05 15 2007
	City	State	Zip Code	Transaction ID: 25951940
	West Hartford	CT	06107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation		
	Receipt For:	-	Optometry e Year-to-Date ▼	
	Primary General	gg. ogaic		1
	Other (specify) ▼		365.00	
s	UBTOTAL of Receipts This Page (optional)			1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Llos concrete cobadulo(o)	FOR LINE NUMBER: PAGE 38 / 118
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
11	II EIVIIZED NECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Michael L Nichols			Date of Receipt
	Mailing Address 3910 Foxcreek Way			05 / 15 / 2007
	City	State	Zip Code	Transaction ID: 25951942
	Columbia	MO	65203-8855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify)		250.00	
— В.	Full Name (Last, First, Middle Initial) Dr David H Fisher, Jr			Date of Receipt
	Mailing Address 336 Charlotte Street			05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25951946
	Lafayette	LA	70506-4202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	365.00	1
	Other (specify)	0 0	303.00	
	Full Name (Last, First, Middle Initial) Dr Scott E Schachter			Date of Receipt
•	Mailing Address Advanced Eyecare 300 James Way, Ste 21	0		05 15 2007
	City	State	Zip Code	Transaction ID: 25951948
	Pismo Beach	CA	93449	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For:		e Year-to-Date ▼	_
	Primary General	55. 55410		1
	Other (specify) ▼		250.00	
\ 8	UBTOTAL of Receipts This Page (optional)			865.00
, ,	or recouple time tage (optional)			

SCHEDUL	.E A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 39/118
	RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 1 13 14	11c 12 15 16 17
Any information or for commerci	copied from such Reports and Sta al purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of solid	citing contributions
NAME OF C	COMMITTEE (In Full) Optometric Association Politi				
Mailing Addr City Alexandria	ess American Optometric A 1505 Prince Street	State VA	Zip Code 22314	Date of Receipt M M / D D 0 5 1 6 Transaction ID: 2 Amount of Each R	2 0 0 7 5951950 eceipt this Period
Name of Em Self Employe Receipt For:	ployer ed		n f Optometry e Year-to-Date ▼		500.00
B. Dr Kyle Edwa	ast, First, Middle Initial) ard Brost ess 3508 Pheasant Cove			Date of Receipt	3 / Y Y Y Y Y Y Y 2 0 0 7
City	.1	State	Zip Code	Transaction ID: 2	5951951
	rdeau ber of contributing cal committee.	MO C	63701	Amount of Each R	eceipt this Period 365.00
Name of Em Self Employe Receipt For: Primar Other			n f Optometry e Year-to-Date ▼ 365.00		
Full Name (L Dr W. Joseph Mailing Addr		a		Date of Receipt M M / D D O 5 1 6	
City Escondido		State CA	Zip Code 92029-7944	Transaction ID: 2	
FEC ID num	ber of contributing cal committee.	C	92029-7944	Amount of Each R	366.00
Name of Em Self Employe Receipt For: Primar Other		-	f Optometry e Year-to-Date ▼		
SUBTOTAL of	Receipts This Page (optional)				1231.00
TOTAL This P	Period (last page this line number o	nly)			

SCHEDULE A (FEC Form 3X)			Llas congreta cohodulo(s)	FOR LINE NUMBER: PAGE 40 / 118
	ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Polit	ical Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Allan L Barker			Date of Receipt
	Mailing Address 500 Wildwood Ave			05 16 2007
	City	State	Zip Code	Transaction ID: 25954821
	Rocky Mount	NC	27803-1732	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	250.00	_
В.	Full Name (Last, First, Middle Initial) Dr Scott Louis Philippe			Date of Receipt
	Mailing Address 412 Pondview Court			05 16 2007
	City	State	Zip Code	Transaction ID: 25954824
	Waxhaw	NC	28173-7586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:	-	Year-to-Date ▼	
	Primary General	7.99.094.0		
	Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) Dr William Thomas Reynolds, Jr			Date of Receipt
	Mailing Address 200 Larosa			05 16 2007
	City	State	Zip Code	Transaction ID: 25954827
	Richmond	KY	40475-7855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General			250.00	
	Other (specify) ▼	0 0	250.00	_
s	UBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X)

PAGE 41 / 118 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt A. Dr Thomas L Lim Mailing Address 1136 Thorntree Court 05 2007 16 City State Zip Code Transaction ID: 25955031 San Jose CA 95120 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Harue Jean Marsden Date of Receipt Mailing Address 1445 Prospect Avenue, Unit D 0 5 16 2007 City State Zip Code Transaction ID: 25955035 <u>Placentia</u> CA 92870 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Gregory M O'Connor Date of Receipt Mailing Address 5785 Oak Bank Trail, #101 05 2007 16 Citv State Zip Code Transaction ID: 25955036 Agoura Hills CA 91377-5632 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1365.00 SUBTOTAL of Receipts This Page (optional)

COLIEDIU E A /EEO Forms OV)				FOR LINE NUMBER: PAGE 42 / 118
3	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	
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Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	ical Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr James D Sargent, Jr			Date of Receipt
	Mailing Address 7489 Marylboune Rd			05 16 2007
	City	State	Zip Code	Transaction ID: 25955038
	West Jordan	UT	84084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr J. Scott Simpson			Date of Receipt
	Mailing Address 2001 Ridgewood			05 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25955039
	El Dorado	AR	71730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00]
<u> </u>	Full Name (Last, First, Middle Initial) Dr J. Allen Puma			Date of Receipt
	Mailing Address 469 Ridgefield Road			05 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25955040
	Shelburne	VT	05482-6319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			865.00
1				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 118	
	EMIZED RECEIPTS	or each category of the		(check only one)
II EIVIIZED NECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr David S Mora			Date of Receipt
	Mailing Address 1818 Fremont	05 16 2007		
	City	State	Zip Code	Transaction ID: 25955041
	Laredo	TX	78043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General		005.00	1
	Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Dr Richard W Phillips			Date of Receipt
	Mailing Address 1977 Spring Hollow Land	05 16 2007		
	City	Transaction ID: 25955042		
	Germantown	TN	38139	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		205.00	1
	Other (specify)		365.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Brenden R White			Date of Receipt
	Mailing Address 864 E Ranch Circle			05 16 2007
	City	State	Zip Code	Transaction ID: 25955043
	Draper	UT	84020-9011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			980.00
1			•	

SCHEDULE A (FEC Form 3X)			Llas asperata aspedulo(a)	FOR LINE NUMBER: PAGE 44 / 118
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	II EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr William D Sullins, III			Date of Receipt
	Mailing Address 154 County Road 575			05 16 2007
	City	State	Zip Code	Transaction ID: 25955044
	Englewood	TN	37329-5129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		230.00	
В.	Full Name (Last, First, Middle Initial) Dr Edwin F Adams, III			Date of Receipt
	Mailing Address 1465 Hearthstone			05 16 2007
	City	State	Zip Code	Transaction ID: 25955046
	Baton Rouge	LA	70808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	500.00	1
	Other (specify)		300.00	1
<u> </u>	Full Name (Last, First, Middle Initial) Dr Robert W Aube, Jr			Date of Receipt
	Mailing Address 7 Autumn Circle			05 16 2007
	City	State	Zip Code	Transaction ID: 25955047
	Rocky Hill	CT	06067-2867	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General	55. 55410		1
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
1				

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5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	y information copied from such Reports and Sta	ntomonte mov	y not be cold or used by any perc	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	American Optometric Association Folia	cai Action (Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr Brian E Linde			Date of Receipt
	Mailing Address 4518 Hiline			M M / D D / Y Y Y Y
				05 16 2007
	City	State	Zip Code	Transaction ID: 25955052
	Billings	MT	59106	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
				_
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	11
	Other (specify)			1
В.	Full Name (Last, First, Middle Initial) Dr Catherine S Amos			Date of Receipt
υ.	Mailing Address 1240 Cedardell Circle			M M / D D / Y Y Y Y
	Mailing Address 1240 Gedardell Circle	05 16 2007		
	City	State	Zip Code	Transaction ID: 25955053
	Birmingham	AL	35216	Amount of Each Receipt this Period
	•		30210	Amount of Each recorpt this i chea
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	า	
	Sell Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	
C	Full Name (Last, First, Middle Initial) Dr Tad Robert Kosanovich			Date of Receipt
٥.	Mailing Address 322 Sunset Road			M M / D D / Y Y Y Y
	Walling Address 322 Suriset Hoad			05 16 2007
	City	State	Zip Code	Transaction ID: 25955058
	Osprey	FL	34229-9207	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
			Optometry	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	11
	Other (specify)		200.00	1
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				1000.00
S	UBTOTAL of Receipts This Page (optional)			1000.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 118 (check only one) X 11a 11b 11c 12
۸۳	y information copied from such Reports and State	amonte may		13 14 15 16 17
or	for commercial purposes, other than using the na	me and add	ress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Political	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Roy B Cohen			Date of Receipt
	Mailing Address 105 Elm Ln			05 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25955059
	New Hyde Park	NY	11040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Dr David C Eldred			Date of Receipt
	Mailing Address 2619 Foothills Road			05 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25955111
	Cheyenne	WY	82009-4421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
) .	Full Name (Last, First, Middle Initial) Dr Matthew Y Matsuzaki			Date of Receipt
	Mailing Address 267 So Euclid Ave			05 16 YYYYY 2007
	City	State	Zip Code	Transaction ID: 25955113
	Pasadena	CA	91101-2717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			1165.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	: PAGE 47/118
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	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c 12
۸				13 14	15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	rnot be sold or used by any perso dress of any political committee to	solicit contributions fron	n such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	American Optometric Association Politic	cal Action (Committee		
۹.	Full Name (Last, First, Middle Initial) Dr Kimberly Z Smith			Date of Receipt	
	Mailing Address 109 Creekside Drive			05	6 2007
	City	State	Zip Code	Transaction ID: 2	
	Danville	KY	40422-1066	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self Employed	Occupation Doctor of	n i Optometry		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
 3.	Full Name (Last, First, Middle Initial) Dr Michael K Smith			Date of Receipt	
	Mailing Address 109 Creekside Drive			05	
	City	State	Zip Code	Transaction ID: 2	25955121
	<u>Danville</u>	KY	40422-1066	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self Employed	Occupation			
			Optometry		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	.	
	Other (specify) ▼		250.00		
) .	Full Name (Last, First, Middle Initial) Dr Lisa A Sanford			Date of Receipt	
	Mailing Address 147 Glenstone Circle			05 1	6 2007
	City	State	Zip Code	Transaction ID: 2	
	<u>Harrogate</u>	TN	37752	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	500.00		
s	UBTOTAL of Receipts This Page (optional)				1000.00
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T	OTAL This Period (last page this line number or	nly)	>		

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5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	
			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr William Donner Mizelle			Date of Receipt
	Mailing Address 102 N Lemans			05 16 7 2007
	City	State	Zip Code	Transaction ID: 25955124
	Lafayette	LA	70503-4028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		365.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr Richard P Belhumeur			Date of Receipt
	Mailing Address 192 Harmony Rd			M M / D D / Y Y Y Y
				05 16 2007
	City	State	Zip Code	Transaction ID: 25955125
	N Scituate	RI	02857-1317	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
		10 "		
	Name of Employer Self Employed	Occupation		
	· · · · · · · · · · · · · · · · · · ·		Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼			
_	Full Name (Last, First, Middle Initial)			
C.	Dr Paul Alan Seibert			Date of Receipt
	Mailing Address 295 200Th Ave			05 16 2007
	City	State	Zip Code	Transaction ID: 25955128
	Fairmont	MN	56031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	 1	\dashv
	Self Employed		Optometry	
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	, iggregate	Tour to Duto ¥	1
	Other (specify)	' '	500.00	
	Caron (opcony) 🔻	0 0	0 0 0 0 0 0 0	1
				1365.00
Ls	UBTOTAL of Receipts This Page (optional)		······	1000.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 118 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Charles D Pearson			Date of Receipt
	Mailing Address 2884 Kregel Drive			05 / 16 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25955129
	Rockford	<u>IL</u>	61109-7000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Cutor (specify)	0 0		
3.	Full Name (Last, First, Middle Initial) Dr Kevin L Alexander			Date of Receipt
	Mailing Address 8830 Walnut Trail			05 16 2007
	City	State	Zip Code	Transaction ID: 25955133
	Sylvania	OH	43560-8990	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	1	7
	Self Employed		Optometry	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
).	Full Name (Last, First, Middle Initial) Dr Hal C Herring, Jr			Date of Receipt
Mailing Address 1523 Alexander Street				05 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25955134
	<u>Fairmont</u>	NC	28340-1405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			800.00

S	CHEDULE A (FEC Form 3X)		Llos concrete cobadulo(o)	FOR LINE NUMBER: PAGE 50 / 118
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the		(check only one)
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Mona Ruth Dewart			Date of Receipt
	Mailing Address 11036 Scarlet Oak Run			05 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25955136
	Fort Wayne	IN	46845	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	1
В.	Full Name (Last, First, Middle Initial) Dr Gerald D Chan			Date of Receipt
	Mailing Address 11911 Tree Top Circle			05 16 2007
	City	State	Zip Code	Transaction ID: 25955137
	Nevada City	CA	95959	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Jeffrey Kraushaar			Date of Receipt
	Mailing Address 20 East Amber Lane			05 16 2007
	City	State	Zip Code	Transaction ID: 25955138
	Wading River	NY	11792	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General	55. 0941		1
	Other (specify) ▼	0 0	250.00	
	UDTOTAL (During TU D. () in in			750.00
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SCHEDULE A (FEC Form 3X))	Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 / 118
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Any information copied from such Reports and or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)	and du		
American Optometric Association Po	litical Action	Committee	
Full Name (Last, First, Middle Initial) A. Dr Reginald H Jones			Date of Receipt
Mailing Address 71 Cottage Circle			05 16 7 2007
City	State	Zip Code	Transaction ID: 25955139
West Leranon	NH	03784	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) 3. Dr Donald L Hembree			Date of Receipt
Mailing Address 3216 Blossom Ln.			05 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 25955140
Odessa	TX	79762-6964	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For:		e Year-to-Date V	
Primary General			1
Other (specify)		250.00	
Full Name (Last, First, Middle Initial) Dr Mark D Pifer			Date of Receipt
Mailing Address 210 Yorkshire Place			05 16 2007
City	State	Zip Code	Transaction ID: 25955142
Bellevue	OH	44811-9005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			1115.00
TOTAL This Period (last page this line number	er only))	

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 52 / 118 (check only one)
•••	LIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Michael W Schwartz			Date of Receipt
	Mailing Address 5060 Williams Highway			05 16 7 2007
	City	State	Zip Code	Transaction ID: 25955143
	Grants Pass	OR	97526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Dr Shawna L Heddinghaus			Date of Receipt
	Mailing Address 600 S Eighth Street			05 16 2007
	City	State	Zip Code	Transaction ID: 25955144
	BenId	IL	62009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr James Rex Prince			Date of Receipt
	Mailing Address 2171 Taylors Creek Rd			05 16 7 2007
	City	State	Zip Code	Transaction ID: 25955146
	Weems	VA	22516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	35 0		1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 53 / 118						
ITEMIZED RECEIPTS			or each category of the	(check only one)					
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			, 3	13 14 15 16 17					
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
\setminus	NAME OF COMMITTEE (In Full)								
\rangle	American Optometric Association Politic	al Action (Committee						
Α.	Full Name (Last, First, Middle Initial) Dr Gwenda Renee' Gnadt			Date of Receipt					
	Mailing Address 624 Hawkins Ave			05 / 16 / Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: 25955149					
	Lake Ronkonkoma	NY	11779	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General			1					
	Other (specify) ▼		500.00						
				1					
В.	Full Name (Last, First, Middle Initial) Dr Paul William Heersink			Date of Receipt					
	Mailing Address 2094 West Hwy 160			M M / D D / Y Y Y Y					
				05 16 2007					
	City	State	Zip Code	Transaction ID: 25955151					
	Monte Vista	CO	81144	Amount of Each Receipt this Period					
	FEC ID number of contributing			200.00					
	federal political committee.	C		300.00					
	Name of Employer Self Employed	Occupation							
	Con Employed		f Optometry						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General		300.00	1					
	Other (specify) ▼		300.00]					
_	Full Name (Last, First, Middle Initial)								
C.	Dr William Joseph Steiner			Date of Receipt					
	Mailing Address 626 Linden Avenue			05 16 2007					
	City	State	Zip Code	Transaction ID: 25955152					
	Los Altos	CA	94022-1627	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		365.00					
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry						
	Receipt For:		e Year-to-Date ▼	7					
	Primary General	23 29-110	····	1 I					
	Other (specify)		365.00						
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SCHEDULE A (FEC Form 3X)		III	FOR LINE NUMBER: PAGE 54 / 118				
		Use separate schedule(s) or each category of the	(check only one)				
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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
American Optometric Association P	olitical Action (Committee					
Full Name (Last, First, Middle Initial) Dr Gregory A Foster			Date of Receipt				
Mailing Address N 4585 Cawley Aver	nue		05 16 2007				
City	State	Zip Code	Transaction ID: 25955154				
Neillsville	WI	54456	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		365.00				
Name of Employer Self Employed	Occupation Doctor of	n f Optometry					
Receipt For:	Aggregate	e Year-to-Date ▼					
Primary General		265.00	1				
Other (specify) ▼		365.00					
Full Name (Last, First, Middle Initial)			<u> </u>				
Dr James Curtis Moore			Date of Receipt				
Mailing Address 120 Antler Ct	05 16 2007						
City	State	Zip Code	Transaction ID: 25955158				
Lexington	NC	27295	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Self Employed	Occupation Doctor of	n f Optometry					
Receipt For:		e Year-to-Date ▼	7				
Primary General		050.00	1				
Other (specify)	0 0	250.00					
Full Name (Last, First, Middle Initial) Dr Sandra Schrader-Moore			Date of Receipt				
Mailing Address 120 Antler Ct			M M / D D / Y Y Y Y				
			05 16 2007				
City	State	Zip Code	Transaction ID: 25955159				
Lexington	NC	27295-6998	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7				
Receipt For:	Aggregate	e Year-to-Date ▼					
Primary General		050.00	1				
Other (specify)		250.00					
SUBTOTAL of Receipts This Page (optional)	\	865.00				
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Any information copied from such Reports and Statements may not be sold of used by any person for the purpose of soliciting contribution for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit of commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Alialing Address 2827 Whitetail Road City State Zip Code Cheyenne WY 82099-1424 FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) B. Dr David Arington Johnson Mailing Address 507 Rosedown Trace N City State Zip Code Peachtree City GA 30269-3718 FEC ID number of contributing federal political committee. City State Zip Code Peachtree City GA 30269-3718 FEC ID number of contributing federal political committee. C primary General Other (specify) Ge	<i>'</i> — —	` ` ` '	•	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit Annual Principle (in Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr Damiel Fernits Malling Address 2827 Whitetail Road City State Zip Code WY 82099-1424 FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) ▼ State Zip Code Peachtree City GA 30269-3718 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code Anount of Each Receipt this Pe Peachtree City GA 30269-3718 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Malling Address 507 Rosedown Trace N City GA 30269-3718 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ State Zip Code Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Amount of Each Receipt this Pe Transaction ID: 25955169 Amount of Each Receipt this Pe Transaction ID: 25955100 Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Doc		etailed Summary Page	IMIZED RESERVES	•••
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr David R Perala Mailing Address 2827 Whitetail Road City Chevenne WY 82099-1424 FEC ID number of contributing federal political committee. Name of Employer Self Employed City		ho cold or used by any person f	information copied from such Poperts and Statements may	Δηι
American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr Daniel R Fernala Mailing Address 2827 Whitetail Road City Cheyenne WY 82009-1424 FEC ID number of contributing federal political committee. C Self Employed Self Employed Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr David Arington Johnson Mailing Address 507 Rosedown Trace N City Peachtree City GA 30269-3718 FEC ID number of contributing federal political committee. C Self Employed C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General C Cupation Doctor of Optometry Receipt For: Primary General Receipt For: Primary General Receipt For: Primary General Receipt For: Primary General Receipt For: Primary General Receipt For: Primary General Receipt For: Primary General Receipt For: Primary General			or commercial purposes, other than using the name and add	or f
Full Name (Last, First, Middle Initial) A. Dr Daniel R Perala Maling Address 2827 Whitetail Road City State Zip Code Cheyenne WY 82009-1424 FEC ID number of contributing federal political committee. Name of Employer Self Employed City State Zip Code Cheyenne WY 82009-1424 Amount of Each Receipt in Perala Amount of Each Receipt in Perala Amount of Each Receipt in Perala in Initial in Poly in Initial in Ini			• • •	\
A. Dr Daniel R Perala Mailing Address 2827 Whitetail Road City State Zip Code Cheyenne WY 8209-1424 FEC ID number of contributing federal political committee. Name of Employer Self Employer Bruil Name (Last, First, Middle Initial) B. Dr Daniel Alington Johnson Mailing Address 507 Rosedown Trace N City State Zip Code GA 30269-3718 FEC ID number of contributing federal political committee. C Transaction ID: 25955169 Amount of Each Receipt W Transaction ID: 25955170 Tran		imittee 	American Optometric Association Political Action	\angle
City State Zip Code WY 82009-1424 FEC ID number of contributing rederal political committee. Name of Employer Occupation Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr David Arlington Johnson Mailing Address 507 Rosedown Trace N City State Zip Code Peachtree City GA 30269-3718 FEC ID number of contributing federal political committee. C C Receipt For: Primary General Other (specify) ▼ Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 25955169 Amount of Each Receipt this Pe Transaction ID: 25955169 Amount of Each Receipt this Pe Transaction ID: 25955169 Amount of Each Receipt this Pe Transaction ID: 25955169 Amount of Each Receipt this Pe Transaction ID: 25955169 Amount of Each Receipt this Pe Transaction ID: 25955169 Amount of Each Receipt this Pe Transaction ID: 25955169 Amount of Each Receipt this Pe Transaction ID: 25955170 Amount of Each Receipt this Pe Transaction ID: 25955170 Amount of Each Receipt this Pe Transaction ID: 25955170 Amount of Each Receipt this Pe Transaction ID: 25955170 Amount of Each Receipt this Pe Transaction ID: 25955170 Amount of Each Receipt this Pe Transaction ID: 25955170 Amount of Each Receipt this Pe Transaction ID: 25955170 Amount of Each Receipt this Pe Transaction ID: 25955170 Amount of Each Receipt this Pe Transaction ID: 25955170 Amount of Each Receipt this Pe Transaction ID: 25955170 Amount of Each Receipt this Pe Transaction ID: 25955170 Amount of Each Receipt this Pe Transaction ID: 25955170 Amount of Each Receipt this Pe Transaction ID: 25955170 Amount of Each Receipt this Pe Transaction ID: 25955170 Amount of Each Receipt this Pe Transaction ID: 25955170 Amount of Each Receipt this Pe Transaction ID: 25955170 Transaction	ceipt		,	_
Chevenne WY 82009-1424 Amount of Each Roceipt this Period Fector In number of contributing federal political committee. C			Mailing Address 2827 Whitetail Road	
FEC ID number of contributing federal political committee. Name of Employer Doctor of Optometry	n ID: 25955164	Zip Code	City State	
State Comparison Coccupation Coccup	Each Receipt this Period	82009-1424	Cheyenne WY	
Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr David Artington Johnson Mailing Address 507 Rosedown Trace N City State Zip Code Peachtree City GA 30269-3718 FEC ID number of contributing federal political committee. Name of Employer Self Employer City State Zip Code Primary General Other (specify) ▼ Doctor of Optometry Aggregate Year-to-Date ▼ Transaction ID: 25955169 Amount of Each Receipt this Peachtree City FEC ID number of contributing federal political committee. City Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) C. Dr Albert J Hoffman Mailing Address 966 Lincoln Drive City State Zip Code OH 44030 FEC ID number of contributing federal political committee. City State Zip Code OH 44030 FEC ID number of contributing federal political committee. City State Zip Code OH 44030 Amount of Each Receipt this Peachtree City Transaction ID: 25955170 Amount of Each Receipt this Peachtree City Aggregate Year-to-Date ▼ Primary General Occupation Doctor of Optometry Receipt For: Primary General Occupation Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	500.00			
Receipt For:		tometry	Self Employed '	•
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B. Dr David Arlington Johnson Mailing Address 507 Rosedown Trace N City Peachtree City Peachtree City State Zip Code Peachtree Dity FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) ▼ City State Zip Code GA 30269-3718 Amount of Each Receipt this Pe C Transaction ID: 25955169 Amount of Each Receipt this Pe Aggregate Year-to-Date ▼ Transaction ID: 25055169 Amount of Each Receipt this Pe Solition Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 25955170 Amount of Each Receipt Transaction ID: 25955170 Amount of Each Receipt Transaction ID: 25955170 Amount of Each Receipt this Pe C Transaction ID: 25955170 Amount of Each Receipt this Pe Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		500.00	Primary General	
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	Check only one)
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	NAME OF COMMITTEE (In Full) American Optometric Association Politica	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Teresa F Theobald			Date of Receipt
	Mailing Address 4230 Ugstad Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25955171
	Hermantown	MN	55811-3649	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
В.	Full Name (Last, First, Middle Initial) Dr Clay Owen Reber			Date of Receipt
	Mailing Address 1010 West Kiowa			05 17 2007
	City	State	Zip Code	Transaction ID: 25965231
	Hobbs	NM	88240-1146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
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	Primary General Other (specify) ▼	1 1	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Brian E Bleiler			Date of Receipt
	Mailing Address 1875 Pertl Road			05 16 2007
	City	State	Zip Code	Transaction ID: 25973956
	Odessa	NY	14869	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 57 / 118
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П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	v information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	name and ado	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	Full Name (Last, First, Middle Initial)			
A.				Date of Receipt
	Mailing Address 160 Timber Ridge Drive	•		05 16 2007
	City	State	Zip Code	Transaction ID: 25973960
	New Braunfels	TX	78132	Amount of Each Receipt this Period
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	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n Optometry	
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	Other (specify)		250.00	
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— В.	Full Name (Last, First, Middle Initial) Dr Paul Dennis Brant			Date of Receipt
	Mailing Address 2413 Canterbury Dr			M M / D D / Y Y Y Y
	Z410 Gamerbary Di			05 16 2007
	City	State	Zip Code	Transaction ID: 25973961
	Cambridge	MD	21613	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
		-	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
	Full Name (Last, First, Middle Initial)			
C.	Nicholas B Askren			Date of Receipt
	Mailing Address 8101 W Eastman Pl Ur	nit 1-203		05 16 2007
	City	State	Zip Code	Transaction ID: 25973962
	Lakewood	CO	80227	Amount of Each Receipt this Period
	FEC ID number of contributing			005.00
	federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation	1	
	Seii Empioyea	Doctor of	Optometry	
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_	l Name (Last, First, Middle Initial)									
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or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
$ \rangle$	American Optometric Association Polit	ical Action (Committee				
	·						
	Full Name (Last, First, Middle Initial)						
Α.	Dr Troy W Crist			Date of Receipt			
	Mailing Address 1180 College Drive			05 16 2007			
	O'th .	01-1-	7:- Oada				
	City	State	Zip Code	Transaction ID: 25973976			
	Madisonville	KY	42431	Amount of Each Receipt this Period			
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	federal political committee.	0					
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	Full Name (Last, First, Middle Initial)						
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	Mailing Address 150 Jackson Drive			M M / D D / Y Y Y Y			
				05 16 2007			
	City	State	Zip Code	Transaction ID: 25973977			
	Chagrin Falls	OH	44022-1500	Amount of Each Receipt this Period			
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	federal political committee.	<u> </u>		000.00			
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	Full Name (Last, First, Middle Initial)						
C.	Dr Steve L Sullins			Date of Receipt			
	Mailing Address 109 Southern Pointe			M M / D D / Y Y Y Y			
				05 17 2007			
	City	State	Zip Code	Transaction ID: 25978671			
	Madison	AL	35758	Amount of Each Receipt this Period			
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	federal political committee.	<u> </u>		300.00			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Optometric Association Poli			
Full Name (Last, First, Middle Initial) Dr Stacie R Nichols Mailing Address P O Box 372 City Davenport FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General		Optometry Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 25978682 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Terence M Warren	0 0	250.00	Date of Receipt
Mailing Address 222 Windsor Park Driv P O Box 247 City Dobson FEC ID number of contributing federal political committee.	State NC	Zip Code 27017	Transaction ID: 25978698 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		Optometry Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Steven R Landreth Mailing Address 1655 Mc Farland Blvd City Tuscaloosa FEC ID number of contributing federal political committee. Name of Employer Self Employed	State AL C Occupation Doctor of	Optometry	Date of Receipt M M / D D D / Y Y Y Y Y Transaction ID: 25978700 Amount of Each Receipt this Period 250.00
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FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Fred Wallace Mailing Address 208 Eastwood Drive City State Zip Code Transaction II	b 11c 12 15 16 17 soliciting contributions
TEMIZED RECEIPTS or each category of the Detailed Summary Page X 11a	soliciting contributions
Detailed Summary Page X	soliciting contributions
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of or for commercial purposes, other than using the name and address of any political committee to solicit contributions NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr Mark A Michael Mailing Address 6304 W Richardson City State Zip Code WA 99301-1911 Amount of Eac FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) B. Dr Fred Wallace Mailing Address 208 Eastwood Drive City State Zip Code Transaction II Transaction II Transaction II Transaction II Transaction II Transaction II Transaction II	soliciting contributions
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Self Employed Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Fred Wallace Mailing Address 208 Eastwood Drive City State Zip Code Doctor of Optometry Aggregate Year-to-Date ▼ 500.00 Date of Receipt For: M	500.00
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Name of Employer Occupation Self Employed Doctor of Optometry	
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City State Zip Code Transaction II	D : 25978734
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SCHEDULE A (FEC Form 3X)					FOR LINE NUMBER: PAGE 62 / 118								
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\vdash	NAME OF COMMITTEE (In Full)												
$ \rangle$	American Optometric Association Politic	cal Action (Committee										
\angle													
Α.	Full Name (Last, First, Middle Initial) Dr Chester Albert Scerra, Jr.				Date of	Receir	ot						
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	FEC ID number of contributing federal political committee.	C							_		250.	.00	
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	Other (specify)		250.00										
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В.	Full Name (Last, First, Middle Initial) Dr Mark E Snyder				Date of	Receip	ot						
	Mailing Address 116 Wheeler Road							7	/		γ γ		1
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	federal political committee.	C							_	_	250.	.00	
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	Other (specify) ▼		250.00										
	Full Name (Last, First, Middle Initial)												
C.	Dr Susan Scott Whaley			4	Date of								
	Mailing Address 9984 Buck Point Road					/ D	1	7			2 0 0		
	City	State	Zip Code		Transac	tion II): 2	259	787	795			
	Tallahassee	FL	32312-3709		Amoun	of Ead	ch F	Rece	eipt	this I	Perio	d	
	FEC ID number of contributing federal political committee.			,						250.	.00		
								_	_	_			
	Name of Employer Self Employed Occupation Doctor of Optometry												
	Receipt For:	\dashv											
	Receipt For: Primary General General 250.00												
	Other (specify) ▼												
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_	IIDTOTAL of Descripto Title D										750.	00	
Ľ ^s	UBTOTAL of Receipts This Page (optional)			<u> </u>	<u> </u>	-	-	<u></u>	_	\Rightarrow	+	-	-

SCHEDULE A (FEC Form 3X)

PAGE 63 / 118 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr Thomas J Cullinane Date of Receipt Mailing Address 835 Simmons Avenue 05 17 2007 Zip Code City State Transaction ID: 25978796 Kirkwood MO 63122-2753 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Gray W Sass Date of Receipt Mailing Address 4026 Rivercliff Chase 17 0 5 2007 City State Zip Code Transaction ID: 25978838 Marietta GA 30067 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Horace E E Deal Date of Receipt Mailing Address Professional Eye Care 05 17 2007 6 Lester Rd Citv State Zip Code Transaction ID: 25978840 Statesboro GA 30458 Amount of Each Receipt this Period FEC ID number of contributing 365.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 1615.00 SUBTOTAL of Receipts This Page (optional)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 118 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Politica	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Beverly B Miller	Date of Receipt		
	Mailing Address 19011 Old Baltimore Roa	05 17 2007		
	City	State	Zip Code	Transaction ID: 25978847
	Brookeville	MD	20833-3223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Dr Lacy Bordelon Shaw			Date of Receipt
	Mailing Address 1824 Bryn Mawr	05 17 2007		
	City	State	Zip Code	Transaction ID: 25978908
	Alexandria	LA	71301-4501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	500.00	
).	Full Name (Last, First, Middle Initial) Dr Daniel R Appleton, Jr			Date of Receipt
	Mailing Address 54 Country Club Way			05 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25978918
	Ipswich	MA	01938-3003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
т.	OTAL This Period (last page this line number onl	v)		

COLLEDING A (FEO Forms OV)		1		FOR LINE NUMBER: PAGE 65 / 118				
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)				
IT	EMIZED RECEIPTS		or each category of the					
•			Detailed Summary Page					
				13 14 15 16 17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)							
\rangle	American Optometric Association Politic	cal Action (Committee					
Α.	Full Name (Last, First, Middle Initial) Dr Devon L Meyer			Date of Receipt				
	Mailing Address 149 Frederick Dr	05 17 2007						
	City	State	Zip Code	Transaction ID: 25978926				
	Eaton	OH	45320-1104	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	7				
	Receipt For:	Aggregate	Year-to-Date ▼	7				
	Primary General			1				
	Other (specify) ▼		250.00					
				A				
В.	Full Name (Last, First, Middle Initial) Dr Darin Lee Paulson			Date of Receipt				
	Mailing Address 405 Se Derby St	M M / D D / Y Y Y Y						
		05 17 2007						
	City	State	Zip Code	Transaction ID: 25978928				
	Pullman	WA	99163-2221	Amount of Each Receipt this Period				
	FEC ID number of contributing			005.00				
	federal political committee.	C		365.00				
	Name of Employer	Occupation		\dashv				
	Name of Employer Self Employed	1	Optometry					
	Receipt For:		Year-to-Date ▼	_				
	Primary General	Ayyreyale	Teal-lo-Date ▼					
	Other (specify)	' '	365.00					
	Ctrief (Specify)	0 0		J.				
_	Full Name (Last, First, Middle Initial) Dr John Edward Kruger			Date of Receipt				
٥.	Mailing Address 1430 Park View Dr			M M / D D / Y Y Y Y				
	Mailing Address 1430 Park View Dr			05 17 2007				
	City	State	Zip Code	Transaction ID: 25978946				
	Story City	IA	50248	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		365.00				
	Name of Employer	Occupation	<u> </u>	\dashv				
	Self Employed							
	Receipt For:		Optometry Year-to-Date ▼	-				
	Primary General	Aggregate	TEAT-10-DALE ▼	,				
	Other (specify)	1 ' '	365.00					
	☐ Other (specify) ♥			1				
_								
				980.00				
S	UBTOTAL of Receipts This Page (optional)			900.00				
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 118
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the n	ame and add	aress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Politic	nal Action (Committee	
American Optometric Association Folling	Jai AULIUIT	Committee	
Full Name (Last, First, Middle Initial)			Data of Descire
A. Dr Mark Alan Altfillisch Mailing Address 48 Schwartz Dr			Date of Receipt
- 40 Schwartz Di			05 17 2007
City	State	Zip Code	Transaction ID: 25978952
Ottumwa	IA	52501-1132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation	n	7
		Optometry	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		250.00	
Full Name (Last, First, Middle Initial) 3. Dr Bradley J Blumenstock			Date of Receipt
Mailing Address 3319 S 30Th Street	05 18 2007		
City	State	Zip Code	Transaction ID: 25979183
Lincoln	NE	68502-5130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation	n	7
		f Optometry	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)	' '	300.00	
		0 0 0 0 0 0	4
Full Name (Last, First, Middle Initial) D. Dr Richard Lee Brown			Date of Receipt
Mailing Address 1704 Columbia Circle D	rive		M M / D D / Y Y Y Y
		7: 0.1	05 18 2007
City Grand Island	State NE	Zip Code	Transaction ID: 25979186
		68801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		240.00
Name of Employer Self Employed	Occupation		7
	1	f Optometry e Year-to-Date ▼	_
Receipt For: Primary General	Aggregate	; rear-lu-Dale ▼	1
Other (specify)		240.00	
SUBTOTAL of Receipts This Page (optional)			790.00
o			
TOTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 67 / 118				
	Use separate schedule(s) or each category of the	(check only one)				
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12				
		13 14 15 16 17				
Any information copied from such Reports and Sta or for commercial purposes, other than using the name	tements may not be sold or used by any pe name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)						
American Optometric Association Politic	al Action Committee					
Full Name (Last, First, Middle Initial) A. Dr David George Helsing		Date of Receipt				
Mailing Address 3306 Delprado Court		05 23 2007				
City	State Zip Code	Transaction ID: 25979236				
<u>Tampa</u>	FL 33614-2721	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	250.00	'				
Other (specify) ▼						
Full Name (Last, First, Middle Initial) 3. Dr Kent Hillery		Date of Receipt				
Mailing Address 16448 Country Club Driv	M M / D D / Y Y Y Y					
	05 23 2007					
City	State Zip Code	Transaction ID: 25979237				
Peosta	IA 52068-9710	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer	Occupation	 				
Self Employed	Doctor of Optometry					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	500.00	·				
Other (specify)	590.00					
Full Name (Last, First, Middle Initial) Dr Corey M Langford		Date of Receipt				
Mailing Address 5116 Grant Street						
City	State Zip Code	Transaction ID: 25979252				
<u>Omaha</u>	NE 68104-4355	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	237.87				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	237.87					
Other (specify)	237.07					
		987.87				
SUBTOTAL of Receipts This Page (optional)		501.01				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 68 / 118					
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page		(check only one)					
				X 11a 11b 11c 12					
				13 14 15 16 17					
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	on for the purpose of soliciting contributions solicit contributions from such committee.							
\setminus	NAME OF COMMITTEE (In Full)								
\rangle	American Optometric Association Politica	al Action (Committee						
Α.	Full Name (Last, First, Middle Initial) Dr John Todd Mahoney			Date of Receipt					
	Mailing Address 1969 Elizabeth Drive	05 / 18 / 2007							
	City	State	Zip Code	Transaction ID: 25979254					
	Mitchell	NE	69357	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		240.00					
	Self Employed 1	Occupation Doctor of	n Optometry	7					
	Receipt For:		Year-to-Date ▼						
	Primary General			1					
	Other (specify) ▼		240.00						
— В.	Full Name (Last, First, Middle Initial) Dr Mark A Toelle			Date of Receipt					
	Mailing Address 16258 Craig Ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: 25979281					
	Bennington	NE	68007	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		240.00					
	Self Employed 1	Occupation							
	- Con Employed		Optometry						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify) ▼		240.00						
<u> </u>	Full Name (Last, First, Middle Initial) Dr Rod L Rallo			Date of Receipt					
٥.	Mailing Address 1483 Sable Wing Circle			M M / D D / Y Y Y Y					
			05 18 2007						
	City	State	Zip Code	Transaction ID: 25979296					
	Louisville	KY	40223	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		365.00					
	Self Employed	n Optometry							
	Receipt For:								
	Primary General		005.00	1					
	Other (specify) ▼		365.00]					
Г									
s	UBTOTAL of Receipts This Page (optional)			845.00					
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 69 / 118
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12
	· · · · · · · · · · · · · · · · · · ·			13 14 15 16 17
or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Richard B Stender			Date of Receipt
	Mailing Address Rt 2 Box 427			05 18 2007
	City	State	Zip Code	Transaction ID: 25979299
	New Martinsville	WV	26155-9453	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	7
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) 🔻	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr Susan Betts			Date of Receipt
	Mailing Address 9576 Cedar Lane	05 18 2007		
	City	State	Zip Code	Transaction ID: 25979302
	Seaford	DE	19973-8616	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	
c.	Full Name (Last, First, Middle Initial) Dr David Leslie Evans			Date of Receipt
	Mailing Address 112 Foxcrest Cove			05 18 7 2007
	City	State	Zip Code	Transaction ID: 25979305
	<u>Jacksonville</u>	AR	72076-2681	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
F				
Ιт	OTAL This Period (last page this line number of	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 70 / 118				
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page		(check only one)				
				X 11a 11b 11c 12				
				13 14 15 16 17				
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)							
\rangle	American Optometric Association Politic	cal Action (Committee					
Α.	Full Name (Last, First, Middle Initial) Dr Terry Lee Schitoskey			Date of Receipt				
	Mailing Address 1920 Centerview	05 18 2007						
	City	State	Zip Code	Transaction ID: 25979310				
	Midland	TX	79707-9763	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed	Occupation Doctor of	n · Optometry					
	Receipt For:		Year-to-Date ▼					
	Primary General	00 0		1				
	Other (specify) ▼	0 0	250.00					
— В	Full Name (Last, First, Middle Initial) Dr Robert J Gerberry			Date of Receipt				
٥.	Mailing Address 3758 Fairwax Dr	M M / D D / Y Y Y Y						
		Ctata	7: Od-	05 18 2007				
	City	State	Zip Code	Transaction ID: 25979314				
	Canfield	OH	44006	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		250.00					
	Name of Employer Self Employed	Occupation	n					
	Self Employed	Doctor of	Optometry					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General			1				
	Other (specify) ▼		250.00					
<u> </u>	Full Name (Last, First, Middle Initial) Dr Alan E Knotek			Date of Receipt				
٠.	Mailing Address 10 S 479 Curtis Lane	M M / D D / Y Y Y Y Y O T N T N T N T N T N T N T N T N T N T						
	City	State	Zip Code	Transaction ID: 25979317				
	Naperville	IL	60564-8930	Amount of Each Receipt this Period				
	•		30304 3330	Amount of Each receipt this renod				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed							
	Receipt For:							
	Primary General			1				
	Other (specify) ▼		250.00					
s	UBTOTAL of Receipts This Page (optional)			750.00				
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 118 (check only one) X 11a 11b 11c 12
Ar	ry information copied from such Reports and State for commercial purposes, other than using the	atements may	/ not be sold or used by any perso	n for the purpose of soliciting contributions
Si	NAME OF COMMITTEE (In Full) American Optometric Association Politi			Solicit contributions from Such committee.
Α.	Full Name (Last, First, Middle Initial) Dr Bobby J Christensen Mailing Address 207 Guy Dr			Date of Receipt 0 5 1 8 2 0 0 7
	City Midwest City	State OK	Zip Code 73110	Transaction ID: 25979319 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n f Optometry e Year-to-Date ▼	
В.	Full Name (Last, First, Middle Initial) Dr George A Lever Mailing Address 501 North Ohio Street			Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City Salem	State IL	Zip Code 62881	Transaction ID: 25979322 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
С.	Full Name (Last, First, Middle Initial) Dr. Stephen M Montaquila			Date of Receipt
	Mailing Address 28 Peveril Road			05 18 7 2007
	City Cranston	State RI	Zip Code 02921-2422	Transaction ID: 25979324 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02921-2422	250.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	-	n i Optometry e Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3X)

PAGE 72 / 118 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt A. Dr Bradley S Giedd Mailing Address 3626 W Supreme Ct 05 2007 18 City State Zip Code Transaction ID: 25979327 32703 **Apopka** FI Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Dennis L Sommer Date of Receipt Mailing Address 3446 N Cama Drive 0 5 18 2007 City State Zip Code Transaction ID: 25979328 La Porte IN 46350 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Louise Di Chiara Pastore Date of Receipt Mailing Address 23 Old Spring Rd 05 2007 18 Citv State Zip Code Transaction ID: 25979331 Cranston RI 02920-3117 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) or each category of the beteled Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purpose, other than using the name and address of evy pollical committee to solicit contributions from such committees. NAME OF COMMITTEE (in Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr Warren Stephen Johnson Mailing Address 4586 Barfield Rd FEC ID number of contributing footend political committee. Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) B. Dr Kenneth W King, Jr Mailing Address 197 Whisper Cove PI City State Zip Code (Deptometry) B. Dr Kenneth W King, Jr Mailing Address 197 Whisper Cove PI City State Zip Code (Deptometry) B. Dr Kenneth W King, Jr Mailing Address 197 Whisper Cove PI City State Zip Code (Deptometry) B. Dr Kenneth W King, Jr Mailing Address 197 Whisper Cove PI City State Zip Code (Deptometry) City State Zip Code (Deptometry) B. Dr Kenneth W King, Jr Mailing Address 197 Whisper Cove PI City State Zip Code (Deptometry) Coupstion (Deptometry) FEC ID number of contributing footend political committee. C Dr Mitter (Lastmate) C Dr Mitter (Lastmate) Mailing Address 2111 N 8Th St City State Zip Code (Deptometry) Cort of Coptometry (Deptometry) FEC ID number of contributing footend political committee. C Dr Mitter (Lastmate) Mailing Address 2111 N 8Th St City State Zip Code (Deptometry) FEC ID number of contributing footend political committee. C Dr Mitter (Lastmate) Mailing Address 2111 N 8Th St City State (Deptometry) FEC ID number of contributing footend political committee. C Dr Mitter (Lastmate) Mailing Address 2111 N 8Th St City State (Deptometry) FEC ID number of contributing footend political committee. C Dr Mitter (Lastmate) C Dr Mitter (Lastmate) Anount of Each Receipt Termane									
TEMIZED RECEIPTS Check only one] X X X X X X X X X	SCHEDULE A (FEC Form 3X)			l lea canarata cohadula(c)					
Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for coromercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Analysis Analysi	ITEMIZED DECEIDTS				(check only one)				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Optiometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr Warran Stephen Johnson Mailing Address 4586 Barfield Rd City State Zip Code TN 38117-2414 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 25979332	11	EIVIIZED RECEIP 13			X 11a 11b 11c 12				
of commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr. Warren Stephen Johnson Mailing Address 4586 Barfield Rd				, G	13 14 15 16 17				
American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr Warren Stephen Johnson Maling Address 4586 Barfield Rd City State Zip Code Transaction ID: 25979332 Memphis TN 38117-2414 FEC ID number of contributing federal political committee. Name of Employer Self Employed City State Zip Code Transaction ID: 25979332 Amount of Each Receipt this Period Poctor of Optometry Receipt For: Primary General Occupation Diagnet W King, Jr Mailing Address 197 Whisper Cove PI City State Zip Code Johnson Name (Last, First, Middle Initial) B. Dr Kenneth W King, Jr Mailing Address 197 Whisper Cove PI City State Zip Code Johnson Name of Employer City State Zip Code Johnson Name of Employer Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Dr Milkio L Korthals Mailing Address 2111 N 8Th St City State Zip Code Johnson Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Dr Milkio L Korthals Mailing Address 2111 N 8Th St City State Zip Code Johnson Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Johnson Transaction ID: 25979385 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Johnson General Other (specify) ▼ State Zip Code Johnson Transaction ID: 25979385 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Johnson General Other (specify) ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	Ar	ry information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.				
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Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any perso	n for the purpose of soliciting contributions
$\frac{0}{}$	NAME OF COMMITTEE (In Full) American Optometric Association Politic			Solicit contributions from Such committee.
/_A .	Full Name (Last, First, Middle Initial) Dr Paul A DeCesare Mailing Address 6 Conanicut Rd City Narragansett FEC ID number of contributing federal political committee. Name of Employer Self Employed	State RI C Occupation Doctor of	Zip Code 02882	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr Glenn Morgan Cochran Mailing Address 103 Patton Place P O Box 690 City Quitman FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 39355-2649 Coptometry Year-to-Date ▼ 250.00	Date of Receipt M M D D 2 1 2 0 0 7
D .	Full Name (Last, First, Middle Initial) Dr Tami R Lang Mailing Address 5230 E Villa Rita Dr City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 85254-7642 Toptometry 9 Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 25979727 Amount of Each Receipt this Period 250.00
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\setminus	NAME OF COMMITTEE (In Full)							
\rangle	American Optometric Association Politic	cal Action (Committee					
Α.	Full Name (Last, First, Middle Initial) Dr Jerry L Mc Combs			Date of Receipt				
	Mailing Address 800 Magnolia Street			05 21 7 2007				
	City	State	Zip Code	Transaction ID: 25979733				
	Teague	TX	75860	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Self Employed	Occupation Doctor of	n Optometry					
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	Primary General			1				
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В.	Full Name (Last, First, Middle Initial) Dr James Richardson			Date of Receipt				
	Mailing Address 2401 West 39Th St			M M / D D / Y Y Y Y				
			05 21 2007					
	City	State	Zip Code	Transaction ID: 25979734				
	Casper	WY	82604-5052	Amount of Each Receipt this Period				
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C.	Dr Larry J Bonderud			Date of Receipt				
	Mailing Address 497 Ohaire Blvd			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City	State	Zip Code	Transaction ID: 25979801				
	Shelby	MT	59474-1960	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
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	American Optometric Association Politic	al Action (Committee					
A.	Full Name (Last, First, Middle Initial) Dr Douglas Don Creger			Date of Receipt				
	Mailing Address 230 Vista Dr	01-1-	7'- 0-4-	05 23 2007				
	City	State MT	Zip Code	Transaction ID: 25979802				
	Dillon	IVI I	59725-3111	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		365.00				
	Name of Employer Self Employed	Occupation Doctor of	n Optometry					
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	Primary General		365.00	7				
	Other (specify) ▼	0 0	000.00					
В.	Full Name (Last, First, Middle Initial) Dr Mark Joseph Page			Date of Receipt				
ъ.	Mailing Address 3102 E Desert Broom W	21/		M M / D D / Y Y Y Y				
	Walling Address 3102 E Desert Broom W	ay		05 23 2007				
	City	State	Zip Code	Transaction ID: 25979814				
	Phoenix	AZ	85048	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Self Employed	Occupation						
			Optometry					
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C.	Full Name (Last, First, Middle Initial) Dr James Andrew Fitch			Date of Receipt				
	Mailing Address 18101 W Costley Road			M M / D D / Y Y Y Y				
	City	State	7in Code	05 23 2007				
	City Amarillo	TX	Zip Code 79119-7826	Transaction ID: 25979816				
		17	79119-7620	Amount of Each Receipt this Period				
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	Name of Employer Self Employed	Occupation Doctor of	n Optometry					
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\setminus	NAME OF COMMITTEE (In Full)											
	American Optometric Association Politi	cal Action (Committee									
Α.	Full Name (Last, First, Middle Initial) Dr Randall Hoch				Date o	f Rec	eipt					
	Mailing Address 206 Fox Farm Rd				м м 0 5	1	2	3	Y	200		
	City	State	Zip Code		Transa	ction	ID:	259	7981	8		
	Lewistown	MT	59457-8696							s Perio	t	
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— В.	Full Name (Last, First, Middle Initial) Dr John A Kumm				Date o	f Rec	eipt					
	Mailing Address 710 10Th Ave Sw				M M M 0 5		D .	3	Y	200		
	City	State	Zip Code		Transa	ction	ID:	259	7982	0		
	Great Falls	MT	59404							s Perio		
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<u> </u>	Full Name (Last, First, Middle Initial) Dr Paul J Werdell				Date o	f Rec	eipt					
	Mailing Address 49 Hansen Drive				м м 0 5	/		3	Y	^y 200		
	City	State	Zip Code		Transa	ction	ID:	259	8018	2		-
	Vernon	CT	06066-5914		Amour	nt of E	ach	Rec	eipt thi	s Perio	t	
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	American Optometric Association Politi	ical Action (Committee					
Α.	Full Name (Last, First, Middle Initial) Dr Antonio Ramirez			Date of Receipt				
	Mailing Address 4013 N 23Rd Ste B			05 23 2007				
	City	State	Zip Code	Transaction ID: 25980184				
	McAllen	TX	78504-4131	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	7				
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	Primary General		250.00	1				
	Other (specify)		230.00	1				
	Full Name (Last, First, Middle Initial) Dr Donald Todd Wylie			Date of Descire				
Ь.				Date of Receipt				
	Mailing Address 7510 S Deerview Ln			05 23 2007				
	City	State	Zip Code	Transaction ID: 25980186				
	Spokane	WA	99223	Amount of Each Receipt this Period				
	FEC ID number of contributing			205.00				
	federal political committee.	C		365.00				
	Name of Employer Self Employed	Occupation	 1	\dashv				
	Self Employed 1		Optometry					
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	Primary General			7				
	Other (specify)		365.00					
	Full Name (Last, First, Middle Initial) Dr Roger L L Jordan			Date of Receipt				
٠.	Mailing Address 3329 Paintbrush			M M / D D / Y Y Y Y				
				05 23 2007				
	City	State	Zip Code	Transaction ID: 25980188				
	Gillette	WY	82718-7568	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer	10		_				
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	NAME OF COMMITTEE (In Full)							
	American Optometric Association Politi	cal Action (Committee					
Α.	Full Name (Last, First, Middle Initial) Dr Rhett Hamer Richardson			Date of Receipt				
	Mailing Address 373 Goss Lane			05 23 7 2007				
	City	State	Zip Code	Transaction ID: 25980190				
	Barnwell	SC	29812-6435	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	7				
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	Primary General	00 0		1				
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В.	Full Name (Last, First, Middle Initial) Dr George F Brown			Date of Receipt				
	Mailing Address 2604 Woodlawn Trail			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 25980191				
	Alexandria	VA	22306-2565	Amount of Each Receipt this Period				
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	Name of Employer	Occupation	1					
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	Primary General		500.00	1				
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— С.	Full Name (Last, First, Middle Initial) Dr Michael Allen Hansen			Date of Receipt				
٥.	Mailing Address 690 Tabriz			M M / D D / Y Y Y Y				
	Walling Address 690 TADIIZ			05 23 2007				
	City	State	Zip Code	Transaction ID: 25980192				
	Billings	MT	59105-2812	Amount of Each Receipt this Period				
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	federal political committee.	С		500.00				
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			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		,,	
\rangle	American Optometric Association Politica	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Mark David Sturgis			Date of Receipt
	Mailing Address 106 Natsisky Farm Road			05 22 7 2007
	City	State	Zip Code	Transaction ID: 25980642
	South Windsor	CT	06074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Dr Wayne Edward Zahka			Date of Receipt
	Mailing Address 172 Winter St			05 22 7 2007
	City	State	Zip Code	Transaction ID: 25980651
	Westwood	MA	02090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		Optometry Year-to-Date V	_
	Primary General	riggiogate		
	Other (specify) ▼		250.00	
) .	Full Name (Last, First, Middle Initial) Dr Pierre J Anctil			Date of Receipt
	Mailing Address 1021 N Hancock Avenue			05 23 YYYYY 2007
	City	State	Zip Code	Transaction ID: 25981713
	Colorado Spgs	CO	80903-2757	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
SI	UBTOTAL of Receipts This Page (optional)			1000.00
			·	
T	OTAL This Period (last page this line number onl	y)	>	

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 81 / 118					
ITEMIZED RECEIPTS		or each category of the	(check only one)					
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			13 14 15 16 17					
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may ame and addr	not be sold or used by any perso ess of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)		71						
American Optometric Association Political	al Action C	ommittee						
	ui 7 iotioii 0	o						
Full Name (Last, First, Middle Initial)								
A. Dr Cheryl Lynn fron			Date of Receipt					
Mailing Address 2810 Daniel Lewis Drive			05 24 2007					
City	State	Zip Code	Transaction ID: 25993061					
New Lenox	IL	60451	Amount of Each Receipt this Period					
FEC ID number of contributing								
federal political committee.	C		365.00					
Name of Employer	Occupation		_					
Name of Employer Self Employed		Optometry						
Receipt For:		Year-to-Date ▼	┪					
Primary General	/ iggi ogato	Total to Bate V						
Other (specify) ▼	l	365.00						
Full Name (Last, First, Middle Initial)								
Dr James C Leadingham			Date of Receipt					
Mailing Address 2135 Rt 1185	Mailing Address 2133 Rt 1163							
City	State	Zip Code	0 5 2 4 2 0 0 7 Transaction ID: 25993062					
Louisa	KY	41230	Amount of Each Receipt this Period					
FEC ID number of contributing								
federal political committee.	C		250.00					
Name of Employer	Occupation		-					
Name of Employer Self Employed	•	Optometry						
Receipt For:		Year-to-Date ▼	_					
Primary General		050.00						
Other (specify)		250.00						
Full Name (Last, First, Middle Initial) Dr Thomas Howard Murphy			Date of Receipt					
Mailing Address 6089 Sunrise Mall			M M / D D / Y Y Y Y					
			05 24 2007					
City	State	Zip Code	Transaction ID: 25993063					
Citrus Heights	CA	95610-6903	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.			250.00					
Name of Employer Self Employed	Occupation	•						
		Optometry	4					
Receipt For: Primary General	Aggregate	Year-to-Date ▼						
Other (specify)	' '	250.00						
	0 0	0 0 0 0 0 0 0	1					
SUBTOTAL of Receipts This Page (optional)		_	865.00					

SCHEDULE A (FEC Form 3X)	Use separate so	chedule(s) FOR LINE NUMBER: PAGE 82 / 118
TEMIZED RECEIPTS	or each category	y of the (Check only one)
	Detailed Summa	ary Page X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State	ments may not be sold or use	d by any person for the purpose of soliciting contributions
or for commercial purposes, other than using the na	ne and address of any politica	l committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Optometric Association Politica	I Action Committee	
Full Name (Last, First, Middle Initial) Dr Chris H Cooper		Date of Receipt
Mailing Address West Tennessee Eye 2070 Whitney Avenue		05 24 7 2007
City	State Zip Code	Transaction ID: 25993064
Memphis	TN 38127-9014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation	
Receipt For:	Doctor of Optometry Aggregate Year-to-Date ▼	
Primary General	Aggregate real to bate \$	
Other (specify) ▼		365.00
Full Name (Last, First, Middle Initial) 3. Dr Edward L Robbins		Date of Receipt
Mailing Address 11 Christine Court		05 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 25993065
Wayne	NJ 07470-6523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Self Employed	Occupation	
	Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)		500.00
Full Name (Last, First, Middle Initial) Dr Paul A Henriksen		Date of Receipt
Mailing Address 907 5Th Ave Se		05 24 7 2007
City	State Zip Code	Transaction ID: 25993338
<u>Pipestone</u>	MN 56164-1715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer Self Employed	Occupation	
	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		365.00
SUBTOTAL of Receipts This Page (optional)		1230.00
TOTAL This Period (last nage this line number only	λ	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 83 / 118
	EMIZED RECEIPTS		or each category of the	(check only one)	
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۸۰	w information against from such Benerta and Sta	stomente mes	, not be cold or used by any norse	13 14	15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	iame and add	dress of any political committee to	solicit contributions from	such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	American Optometric Association Politic	cal Action (Committee		
۹.	Full Name (Last, First, Middle Initial) Dr William J Lapple			Date of Receipt	
	Mailing Address 8663 East Main Road			05 24	2007
	City	State	Zip Code	Transaction ID: 2	
	Le Roy	NY	14482-9717	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer Self Employed	Occupation Doctor of	n i Optometry		
	Receipt For:		e Year-to-Date ▼	7	
	Primary General Other (specify) ▼		365.00	1	
		0 0	0 0 0 0 0 0 0	1	
3.	Full Name (Last, First, Middle Initial) Dr Laurie Lyn Sorrenson			Date of Receipt	
	Mailing Address 11512 Tin Cup #104			0 5 2 4	
	City	State	Zip Code	Transaction ID: 2	5993341
	Austin	TX	78750-2618	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self Employed	Occupation	n		
			Optometry		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		500.00		
	Full Name (Last, First, Middle Initial) Dr Douglas Steven Posner			Date of Receipt	
٠.	Mailing Address 15 Thornton St			M M / D D	/ Y Y Y Y
				05 24	
	City	State	Zip Code	Transaction ID: 2	5993358
	Randolph	MA	02368-2030	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self Employed	Occupation Doctor of	n · Optometry		
	Receipt For:		e Year-to-Date ▼	\dashv	
	Primary General	72 0		1	
	Other (specify)	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional)				1115.00
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T	OTAL This Period (last page this line number of	nly)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUME	BER: PAGE 84/118
ITEMIZED RECEIPTS			or each category of the	(check only one)	
			Detailed Summary Page	l 	1b 11c 12
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions	from such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Optometric Association Polit	ical Action (Committee		
	Full Name (Last, First, Middle Initial)				
Α.	Dr Henry Azrikan			Date of Recei	<u> </u>
	Mailing Address 1150 East 21St Street			0 5	24 2007
	City	State	Zip Code		D: 25993363
	Brooklyn	NY	11210		ch Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	7 tillodilit or Edi	
	federal political committee.	C			500.00
		1-		_	
	Name of Employer Self Employed	Occupation			
	Receipt For:		Optometry e Year-to-Date ▼		
	Primary General	Aggregate	rear-to-Date V		
	Other (specify)		500.00		
				'	
	Full Name (Last, First, Middle Initial)				
В.	Dr Jerry Samuel Hardison			Date of Recei	pt
	Mailing Address 6 Scarsdale Road			M M / D	24 2007
	City	State	Zip Code		
	West Hartford	CT	06107		D : 25993365
		O1	06107	Amount of Ea	ch Receipt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer Self Employed	Occupation			
			Optometry		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	.	
	Other (specify)		730.00		
	Cure (epochy) •		1 1 1 1 1 1 1 1		
	Full Name (Last, First, Middle Initial)				
C.	Paul B Snowden			Date of Recei	pt
	Mailing Address 9313 Sw 28Th			M M / D	24 2007
	City	State	Zip Code		
	Oklahoma City	OK	73128		D: 25993369 ch Receipt this Period
			75120	Amount of La	· · · · · · · ·
	FEC ID number of contributing federal political committee.	C			250.00
	·				
	Name of Employer Self Employed	Occupation			
			Optometry	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.00		
		0 0		1	
Г					
s	UBTOTAL of Receipts This Page (optional)		1115.00		
\vdash	,			-	
T	OTAL This Period (last page this line number of	only)	>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 118						
TEMIZED RECEIPTS		or each category of the	(check only one)						
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17						
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
American Optometric Association Poli	tical Action	Committee							
Full Name (Last, First, Middle Initial) Dr Genevieve K Corrigan			Date of Receipt						
Mailing Address 2351 4Th Ave			05 / 24 / 2007						
City	State	Zip Code	Transaction ID: 25993375						
Sacramento	CA	95818-3111	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		500.00						
Name of Employer Self Employed	Occupation Doctor of	n f Optometry							
Receipt For:		e Year-to-Date ▼							
Primary General Other (specify) ▼		500.00							
Full Name (Last, First, Middle Initial) 3. Dr Brenda J Polewac			Date of Receipt						
Mailing Address 3931 Lakemont Drive			05 24 7 2007						
City	State	Zip Code	Transaction ID: 25993662						
Bonita Springs	FL	34134	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer Self Employed	Occupatio	n f Optometry							
Receipt For:		e Year-to-Date ▼	_						
Primary General		250.00	1						
Other (specify) ▼	0 0	250.00							
Full Name (Last, First, Middle Initial) Dr Douglas C Morrow			Date of Receipt						
Mailing Address 903 Midway Dr			05 24 YYYY 2007						
City	State	Zip Code	Transaction ID: 25993663						
Auburn	<u>IN</u>	46706	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		500.00						
Name of Employer Self Employed	Occupation Doctor of	n f Optometry							
Receipt For:	Aggregate	e Year-to-Date ▼							
Primary General Other (specify) ▼		500.00							
SUBTOTAL of Receipts This Page (optional)			1250.00						
		·							
TOTAL This Period (last page this line number	only)								

SCHEDULE A (FEC Form	3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 86 / 118
ITEMIZED RECEIPTS	-	or each category of the	(check only one)
TEMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report	e and Statements may	y not he sold or used by any ners	con for the purpose of soliciting contributions
or for commercial purposes, other than us	sing the name and add	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association	on Political Action (Committee	
Full Name (Lant First Middle Latin)			
Full Name (Last, First, Middle Initial) A. Dr Henry B Ford			Date of Receipt
Mailing Address 110 Stanley Driv	/e		M M / D D / Y Y Y Y
			05 24 2007
City	State	Zip Code	Transaction ID: 25993664
	VA	24333-2215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation	<u> </u>	-
Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr Sylvia J Briceno Mailing Address City Waltham MA FECURO Sumber of contributions		Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
	' '	500.00	
Other (specify)			_
_ ` ` '	<u> </u>		Date of Receipt
			M M / D D / Y Y Y Y
			05 24 2007
		Zip Code	Transaction ID: 25993666
Waltham	MA	02452-5784	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation	1	
Seir Employed	Doctor of	Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		500.00	
Ctrici (Specify)			_
Full Name (Last, First, Middle Initial) Dr Larry T Hartung			Date of Receipt
Mailing Address 60 Emerson Wa	ıv		M M / D D / Y Y Y Y
	•		05 24 2007
City	State	Zip Code	Transaction ID: 25993669
N Eastham	MA	02651-1530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation	1	7
Self Employed		Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	' '	250.00	
Other (specify) ▼			_
			1250.00
SUBTOTAL of Receipts This Page (opt	ional)		1230.30
TOTAL This Period (last page this line)	number only)	1	

9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 87 / 118
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
٨	y information copied from such Reports and Staten	monto mo	r not be cold or used by any para-	13 14 15 16 17
or	for commercial purposes, other than using the nam	ne and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		-	
	American Optometric Association Political	Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Phillip Maroudis			Date of Receipt
	Mailing Address 1810 Creston Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25995759
	Ashland	KY	41101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Self Employed	Occupation Doctor of	n Optometry	
			Year-to-Date ▼	
	Primary General	1 1	500.00	1
	Other (specify) ▼	0 0		
R	Full Name (Last, First, Middle Initial) Dr James G Butler			Date of Receipt
٥.	Mailing Address P O Box 913			M M / D D / Y Y Y Y
				05 25 2007
	City	State	Zip Code	Transaction ID: 25995764
	Idabel	OK	74745-0913	Amount of Each Receipt this Period
	Todoral political continuece.	C		500.00
	Colf Employed	Occupation Doctor of	n Optometry	
			Year-to-Date ▼	
	Primary General	1 1	500.00	1
	Other (specify)		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr John W Funnell			Date of Receipt
	Mailing Address 1913 Via Estudillo			05 25 2007
	City	State	Zip Code	Transaction ID: 25995768
	Palos Vrdes Est	CA	90274	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Solt Employed	Occupation		
			Optometry	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼		250.00	
_	-			
	UBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 88 / 118						
	•		or each category of the	(check only one)						
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17						
An	y information copied from such Reports and Staten	nents mav	not be sold or used by any perso	n for the purpose of soliciting contributions						
or	for commercial purposes, other than using the nam	ne and add	ress of any political committee to	solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
/	American Optometric Association Political	Action C	Committee	_						
۹.	Full Name (Last, First, Middle Initial) Dr Mitchell J V Maier			Date of Receipt						
	Mailing Address 1626 S Stanley Lane			05 29 7 2007						
	City	State	Zip Code	Transaction ID: 25997087						
	Spokane Valley	WA	99212	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	information copied from such Reports and Statements in commercial purposes, other than using the name and IAME OF COMMITTEE (In Full) American Optometric Association Political Action Mailing Address 1626 S Stanley Lane Or Mitchell J V Maier Mailing Address 1626 S Stanley Lane Other Spokane Valley EC ID number of contributing ederal political committee. Idame of Employer Self Employed Other (specify) ▼ Indialing Address 1109 Links Road Other Self Employer Self Employed Other Secretary Mailing Address 1109 Links Road Other Self Employer Self Employed Occupance of Employer General Other Secretary Mailing Address 1109 Links Road Other Secretary Myrtle Beach EC ID number of contributing ederal political committee. Idame of Employer Self Employed Occupance of Employer Self Employed Occupance of Employer General Other (specify) ▼ Idame of Employer Occupance of Employer Self Employed Occupance of Employer Self Employed Occupance of Employer Occupance of Employer Self Employed Occupance of Employer Occupance of Employer Self Employed Occupance of Employer Occupance of Employer									
Full Name (Last, First, Middle Initial) Dr Robert Neal Williams, Jr Mailing Address 1109 Links Road City Occupati Doctor Aggrega Aggrega Aggrega State			Year-to-Date ▼							
	Other (specify) ▼		250.00							
3.	,			Date of Receipt						
	Mailing Address 1109 Links Road			05 29 7 2007						
	City		Zip Code	Transaction ID: 25997088						
	Myrtle Beach	SC 29575-580		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		500.00						
	Name of Employer Self Employed	Occupation								
			Optometry	_						
		Aggregate	Year-to-Date ▼							
			500.00							
_	Full Name (Last, First, Middle Initial)			Date of Receipt						
٠.				M M / D D / Y Y Y Y						
				05 29 2007						
	City	State	Zip Code	Transaction ID: 25997095						
	Oakdale	LA	71463-4911	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		365.00						
	Name of Employer C Self Employed C	Occupation	1	7						
			Optometry							
		Aggregate	Year-to-Date ▼							
	Primary General	1 1	365.00							
	Other (specify) ▼	0 0								
s	UBTOTAL of Receipts This Page (optional)			1115.00						
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 89 / 118								
	•		Use separate schedule(s) or each category of the	(check only one)								
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12								
_				13 14 15 16 17								
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions								
or		name and add	iress of any political committee to	solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full)											
\angle	American Optometric Association Politi	ical Action (Committee									
A.	Full Name (Last, First, Middle Initial) Dr Jerry L Leopold			Date of Receipt								
	Mailing Address 1009 Heatherwood Place	ce		05 29 2007								
	City	State	Zip Code	Transaction ID: 25997097								
	Mcpherson	KS	67460	Amount of Each Receipt this Period								
	FEC ID number of contributing	С										
	federal political committee.	250.00										
	Name of Employer Self Employed	Occupation Doctor of	n Optometry									
	Receipt For:		Year-to-Date ▼									
	Primary General	1 1		1								
	Other (specify) ▼		250.00									
В.	Full Name (Last, First, Middle Initial) Dr Samuel D Pierce			Date of Receipt								
	Mailing Address 4212 Waterford Lane			M M / D D / Y Y Y								
				05 29 2007								
	City	State	Zip Code	Transaction ID: 25997106								
	Trussville	AL	35173	Amount of Each Receipt this Period								
	FEC ID number of contributing	С		500.00								
	federal political committee.											
	Name of Employer	Occupation	1									
	Self Employed	Doctor of	Optometry									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	1 1	500.00	1								
	Other (specify)		300.00									
_	Full Name (Last, First, Middle Initial)											
C.	Dr John L Schachet Mailing Address 6601 So Magnolia Ct			Date of Receipt								
	Mailing Address 6601 So Magnolia Ct			05 29 2007								
	City	State	Zip Code	Transaction ID: 25997107								
	Englewood	CO	80111	Amount of Each Receipt this Period								
	FEC ID number of contributing	С		500.00								
	federal political committee.											
	Name of Employer Self Employed	Occupation Doctor of	n Optometry									
	Receipt For:		Year-to-Date ▼									
	Primary General		500.00	1								
	Other (specify)		500.00									
				1050.00								
s	UBTOTAL of Receipts This Page (optional)			1250.00								
\vdash												

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 90 / 118
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S	Statements may	not be sold or used by any perso	
or for commercial purposes, other than using the	e name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Pol	itical Action (Committee	
Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping			Date of Receipt
Mailing Address 1801 Creekside Dr			05 30 7 2007
City	State	Zip Code	Transaction ID: 25997247
Friendswood	TX	77546-7821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		e Year-to-Date ▼	_
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) 3. Dr Desiree Tyer Hopping			Date of Receipt
Mailing Address 1801 Creekside Dr			05 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 25997248
Friendswood	ood TX		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation		
-		f Optometry	_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify)	0 0	1000.00	
Full Name (Last, First, Middle Initial) Dr Hulon Houston Pass	1		Date of Receipt
Mailing Address 1901 Sunset			05 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 25997807
Ft Stockton	TX	79735	Amount of Each Receipt this Period
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Name of Employer Self Employed	Occupation		7
		Optometry	_
Receipt For:	Aggregate	e Year-to-Date ▼	
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SUBTOTAL of Receipts This Page (optional)			2250.00
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or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.									
$\overline{\ }$	NAME OF COMMITTEE (In Full)												
\rangle	American Optometric Association Politic	al Action (Committee										
۹.	Full Name (Last, First, Middle Initial) Dr William K Wieland			Date of Receipt									
	Mailing Address 7831 Academy Trail Ne			05 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City	State	Zip Code	Transaction ID: 25997811									
	Albuquerque	NM	87109-3118	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		1200.00									
	Name of Employer Self Employed	Occupation	n f Optometry										
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Primary General Other (specify) ▼			real to Bate V	1									
			1200.00										
3.	Full Name (Last, First, Middle Initial) Dr Kristi D Schied			Date of Receipt									
	Mailing Address 2460 Village Lane Apt 11	11B		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City	State	Zip Code	Transaction ID: 25997814									
	Billings	MT	59102-8210	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		250.00									
	Name of Employer Self Employed	Occupation											
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	Receipt For:	Aggregate	e Year-to-Date ▼										
	Primary General Other (specify) ▼		250.00										
_	Full Name (Last, First, Middle Initial)			Date of Descript									
٠.	Dr Thomas V Casella, Sr Mailing Address 5 Bristlecone Way			Date of Receipt									
				05 29 2007									
	City	State	Zip Code	Transaction ID: 25997815									
	Augusta	GA	30909-1846	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		600.00									
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry										
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PAGE 92/118 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt A. Dr Harry F Anderson Mailing Address Po Box 607 05 29 2007 Zip Code City State Transaction ID: 25997816 WV Spencer 25276-0607 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Edward J Jagela Date of Receipt Mailing Address 197 Cara Place 0 5 29 2007 City Zip Code State Transaction ID: 25997832 Wintersville OH 43953 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Brenda Heinke Montecalvo Date of Receipt Mailing Address P O Box 358 05 2007 29 City State Zip Code Transaction ID: 25997833 Cedarville OH 45314-0358 Amount of Each Receipt this Period FEC ID number of contributing 365.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 865.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 93 / 118								
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$ \rangle$	American Optometric Association Politi	cal Action (Committee									
<u>/</u>	Full Name (Last, First, Middle Initial)											
A.	Dr Scott Edward Saunders			Date of Receipt								
	Mailing Address 14 Heather Hill Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City	State	Zip Code	Transaction ID: 25997838								
	Winsted N	CT	06098									
		- 01	00098	Amount of Each Receipt this Period								
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	Other (specify)	' '	365.00									
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— В.	Full Name (Last, First, Middle Initial) Dr Fred Cox			Date of Receipt								
	Mailing Address 1352 Monticello Hwy			M M / D D / Y Y Y Y								
				05 29 2007								
	City	State	Zip Code	Transaction ID: 25997840								
	Gray	GA	31032-3138	Amount of Each Receipt this Period								
	FEC ID number of contributing			500.00								
	federal political committee.	C		300.00								
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	Primary General	/ iggi ogalo	Tour to Bate V	1								
	Other (specify)		500.00									
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<u>С.</u>	Full Name (Last, First, Middle Initial) Dr Janis M Cotter			Date of Receipt								
	Mailing Address Parkway Eyecare			M M / D D / Y Y Y Y								
	80 Broadway			05 29 2007								
	City	State	Zip Code	Transaction ID: 25997842								
	Revere	MA	02151	Amount of Each Receipt this Period								
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abla	NAME OF COMMITTEE (In Full)												
\rangle	American Optometric Association Politic	al Action (Committee										
Α.	Full Name (Last, First, Middle Initial) Dr Mikel R R Weideman			Date of Receipt									
	Mailing Address 11 Ridge Road			05 29 2007									
	City	State	Zip Code	Transaction ID: 25997845									
	Lander	WY	82520-9788	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		365.00									
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	Other (specify) ▼	0 0	365.00										
В.	Full Name (Last, First, Middle Initial) Dr Steven A Gifford			Date of Receipt									
	Mailing Address 2200 Robin			05 29 2007									
	City	State	Zip Code	Transaction ID: 25997846									
	Altus	OK	73521	Amount of Each Receipt this Period									
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	Primary General			1									
	Other (specify)		500.00										
C .	Full Name (Last, First, Middle Initial) Dr Wendy Sowell Gibson			Date of Receipt									
	Mailing Address 1512 Main Street			05 29 7 2007									
	City	State	Zip Code	Transaction ID: 25997847									
	Benton	KY	42025-1607	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		500.00									
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abla	NAME OF COMMITTEE (In Full)												
\rangle	American Optometric Association Politica	al Action (Committee										
Α.	Full Name (Last, First, Middle Initial) Dr Douglas Owen Fleming			Date of Receipt									
	Mailing Address 19990 Karen Court			05 / 29 / Y Y Y Y Y Y									
	City	State	Zip Code	Transaction ID: 25997848									
	Sonora	CA	95370-6900	Amount of Each Receipt this Period									
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	Name of Employer Self Employed	Occupation Doctor of	n f Optometry										
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	Primary General			7									
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В.	Full Name (Last, First, Middle Initial) Dr Thomas G Peterson			Date of Receipt									
	Mailing Address Po Box 513			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City	State	Zip Code	Transaction ID: 25997852									
	Shawano	WI	54166	Amount of Each Receipt this Period									
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<u> </u>	Full Name (Last, First, Middle Initial) Dr Kenneth S Lawenda			Date of Receipt									
	Mailing Address 8210 Santa Monica Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City	State	Zip Code	Transaction ID: 25997865									
	West Hollywood	CA	90046-5913	Amount of Each Receipt this Period									
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PAGE 96 / 118 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Dr Gavin L Cohen Mailing Address 205 Morgan Farm Dr Ne 05 3 0 2007 Zip Code City State Transaction ID: 26002312 **Atlanta** GA 30342-2461 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Penelope Stamme Doud Date of Receipt Mailing Address 3102 Fern Hill Court 0 5 31 2007 City Zip Code Transaction ID: 26002320 State Edgewater MD 21037 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr William Allen Bordwell Date of Receipt Mailing Address 409 Robinson Drive 05 2007 3 1 Zip Code City State Transaction ID: 26002321 Genesed Ш 61254 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 1115.00 SUBTOTAL of Receipts This Page (optional)

PAGE 97/118 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt A. Dr Bruce W Varner Mailing Address 6320 Old Antioche Rd 05 2007 3 1 City State Zip Code Transaction ID: 26002323 Pauls Valley OK 73075 Amount of Each Receipt this Period FEC ID number of contributing 365.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Ronald R Ferrucci Date of Receipt Mailing Address 5 Leah Lane 0 5 31 2007 City Zip Code Transaction ID: 26002324 State Milford MA 01757 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr William E Lee Date of Receipt Mailing Address 1711 Se Hampden Road 05 2007 30 Zip Code Citv State Transaction ID: 26002329 Bartlesville OK 74006 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1115.00 SUBTOTAL of Receipts This Page (optional)

A. Dr Gerald P Lubert

City

Knoxville

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

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Other (specify)

Name of Employer Self Employed

Primary

Receipt For:

Mailing Address 10620 Kincer Farms Dr

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FOR LINE NUMBER: PAGE 98 / 118 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. American Optometric Association Political Action Committee Date of Receipt 0 5 30 2007 Zip Code Transaction ID: 26002331 37922 Amount of Each Receipt this Period 250.00 Occupation **Doctor of Optometry**

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Full Name (Last, First, Middle Initial) A. Bank of America			Transaction ID: 26023394				
Balik of Affielica			Date of Disbursement				
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City St. Louis		Amount of Each Disbursement this Period					
Purpose of Disbursement American Express Fee 5/11/07							
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City St. Louis	State Zip Code MO 63179		Amount of Each Disbursement this Period				
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$\overline{\ }$	NAME OF COMMITTEE (In Full)				
	American Optometric Association Politic	al Action Co	ommittee		
	Full Name (Last, First, Middle Initial)				Transaction ID: 26023397
۹.	Bank of America				Date of Disbursement
	Mailing Address PO Box 790251				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code		Amount of Each Disbursement this Period
	St. Louis	МО	63179		100.00
	Purpose of Disbursement American Express Fee 5/18/07			001	108.30
	Candidate Name			Category/ Type	
	Office Sought: House Disbur	sement For:			American Express Fee 5/18-
	Senate	Primary	General		/07
	President	Other (sp	ecify) 🔻		
	State: District:				

SUBTOTAL of Disbursements This Page (optional)	•	108.30
TOTAL This Period (last page this line number only)	—	1330.41

S	CHEDULE B (FEC Form 3X)	lise sen	erate schedule(s)				INE NUMBER: PAGE 103 / 1			/ 118					
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam														
\	NAME OF COMMITTEE (In Full)	e and addre	ss of any politica	CON	1111	iillee lo	5011	CIL COITLI	ibut	10115	110111	Suci	II COIII	millee	
\rangle	American Optometric Association Political	Action Co	ommittee												
Α.	Full Name (Last, First, Middle Initial) Jodi Chappell							Trans		-			5812		
	Mailing Address 1505 Prince Street						0 ^M 5	М	/ [0 4	/	Y	200	7 ^Y	
	Suite 300	State	Zip Code					Атоп	nt o	f Fa	ch Di	chur	como	nt thic	Period
	Alexandria	VA 22314						Aillou	THE O	La) II DI	Soul	SCITIC		
	Purpose of Disbursement Inkind Contribution				0	11		L.	_	-			•	735	.00
	Candidate Name Rep. Tammy Baldwin			С		egory/ ype									
	Senate X President	ement For: Primary Other (spe	2008 General					Inkinc	l Co	ontri	butio	on			
	State: WI District: 2														
В.	Full Name (Last, First, Middle Initial) Hunan Dynasty							Trans Date of	of D	isbu	rseme	ent			
	Mailing Address 215 Pennsylvania Avenue						0 ^M 5	М	/ [0 4		Y	ž 0 Ŏ	7 ^Y	
	City Washington	State DC	Zip Code 20003					Amount of Each Disbursement this Period							Period
	Purpose of Disbursement Inkind Contribution Food Tammy Baldwin				0	11	1	L.	0	_				735	.00
	ndidate Name Category/														
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C.	Cantor For Congress							Trans Date		isbu	rseme	ent			
	Mailing Address P. O. Box 17813							0 5	IVI	Ĺ	07	′	. 2	žoŏ	7 '
	City Richmond	State VA	Zip Code 23226					Amou	nt o	f Ea	ch Di	sbur			Period
	Purpose of Disbursement Candidate Contribution				0	11.]	L.		-				1500	.00
	Candidate Name Rep. Eric I. Cantor					egory/ ype									
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_	State: VA District: 7														
s	UBTOTAL of Disbursements This Page (optional)					. 1	<u> </u>						2	2235.	00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only		PAGE 104/118				
I EMITED DISDOUSEMEN I S	Detailed Summary Page	21b 27		24 25 26 28c 29 30b				
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Committee							
Full Name (Last, First, Middle Initial)			Transaction ID: 258	96734				
Cantor For Congress			Transaction ID: 25896734 Date of Disbursement					
Mailing Address P. O. Box 17813			05 07	Ž O O T				
City Richmond	State Zip Code VA 23226		Amount of Each Disb	ursement this Period				
Purpose of Disbursement Candidate Contribution		011		2500.00				
Candidate Name Rep. Eric I. Cantor		Category/ Type						
Office Sought: X House Disburse Senate President State: VA District: 7	ement For: 2008 Primary X General Other (specify)		Candidate Contribution					
Full Name (Last, First, Middle Initial) Blue Dog PAC			Transaction ID: 25936314 Date of Disbursement					
Mailing Address 227 Massachusetts Aver Suite 101	nue, N.E.		05 / 15	5 1 5 7 2 0 0 7				
City Washington	State Zip Code DC 20002		Amount of Each Disb					
Purpose of Disbursement Committee Contribution Candidate Name	[011 Category/ Type	2500.0					
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	. 770	Committee Contrib	oution				
Full Name (Last, First, Middle Initial) Friends Of Joe Pitts			Transaction ID: 259 Date of Disbursemen					
Mailing Address PO Box 775			0 5 1 5 7 2 0 0 7					
City Unionville	State Zip Code PA 19375		Amount of Each Disb	ursement this Period				
Purpose of Disbursement Candidate Contribution	Purpose of Disbursement							
Candidate Name Rep. Joseph R. Pitts		Category/ Type						
· -	ement For: 2008 Primary General Other (specify)		Candidate Contribu	ution				
SUBTOTAL of Disbursements This Page (optional)				6000.00				
TOTAL This Period (last page this line number only)								

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	y Information copied from such Reports and State												
or	for commercial purposes, other than using the nar	ne and address of any politica	u com	ım	iittee to	SOIIC	it contr	ibut	ions tr	om s	ucn co	mmittee	9
$ \rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politica	d Action Committee											
L	7 amondan Optomotho 7 abootation 1 ontioe	. Action Committee											
Α.	Full Name (Last, First, Middle Initial)								-		94512	1	
Λ.	Chet Edwards For Congress							of Di	isburs		nt	V V	· v
	Mailing Address PO Box 23273						0 ^M 5			1 6	Ĺ	žoŏ	7
	City State Zip Code						Amou	int o	f Each	ı Disi	bursen	ent this	Period
	Waco TX 76702						Г.					2500	00
	Purpose of Disbursement Candidate Contribution 011							-		_		2000	7.00
	Candidate Name				egory/	1							
	Rep. Chet Edwards			T	/pe								
	Senate	sement For: 2008 C Primary General					Cand	idat	e Cor	ntrib	ution		
	President Other (specify) ▼ State: TX District: 17												
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	. 250	94508	1	
В.	Citizens For Harkin								isburs			•	
	Mailing Address P O Box 811						0 ^M 5	М	/ D 1	1 ^D	/ Y	žoŏ	7 ^Y
	City Des Moines	State Zip Code IA 50304					Amou	int o	f Each	Disl	bursem	ent this	
	Purpose of Disbursement Candidate Contribution 011					1	L.	_				1000	0.00
	Candidate Name Category/					ч							
	Sen. Tom Harkin Type												
	°	sement For: 2008					Cand	idat	e Cor	ntrib	ution		
	X Senate President	C Primary General Other (specify) ▼											
	State: IA District:	(epee/) •											
C.	Full Name (Last, First, Middle Initial) Committee To Elect Gary Ackerman								on ID		94506	9	
								M		1 6	/ Y	ž 0 0	7 Y
	Mailing Address 100 Jericho Quadrangle Suite 233												
	City Jericho	State Zip Code NY 11753					Amou	int o	f Each	ı Disl	bursem	ent this	Period
	Purpose of Disbursement Candidate Contribution		Г	0	11	1	L.		_			2000	0.00
	Candidate Name Category/				4								
	Rep. Gary L. Ackerman Type												
		sement For: 2008 C Primary General					Cand	idat	e Cor	ntrib	ution		
	President	Other (specify)											
	State: NY District: 5												
s	UBTOTAL of Disbursements This Page (optional)					•						5500	.00
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29	26 30b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	e and address of any political col	minitiee to so	mont contributions from such committee				
American Optometric Association Political	Action Committee						
Full Name (Last, First, Middle Initial)			Transaction ID: 25944962				
Marion Berry For Congress			Date of Disbursement				
Mailing Address P.O. Box 8084			$ \begin{bmatrix} M & 5 & M \\ 0 & 5 & M \end{bmatrix} / \begin{bmatrix} D & 1 & 0 \\ 1 & 6 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & 0 & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $				
	State Zip Code		Amount of Each Disbursement this Period	od			
Jonesboro Purpose of Disbursement	AR 72403		1000.00				
Candidate Contribution		011					
Candidate Name Rep. Marion Berry	C	Category/ Type					
X	ment For: 2008 Primary General Other (specify)		Candidate Contribution				
Full Name (Last, First, Middle Initial)			Tuesday ID 05045040				
Mary Bono Committee			Transaction ID: 25945216 Date of Disbursement				
Mailing Address P.O. Box 3370			$ \begin{array}{c c} \stackrel{M}{5} \stackrel{M}{M} & \stackrel{D}{1} \stackrel{D}{6} & \stackrel{D}{1} \stackrel{D}{6} & \stackrel{D}{2} \stackrel{D}{0} \stackrel{D}{0} \stackrel{D}{7} \\ \end{array} $				
City Palm Springs	State Zip Code CA 92263		Amount of Each Disbursement this Period	od			
Purpose of Disbursement Candidate Contribution	Г	011	1000.00				
Candidate Contribution Candidate Name Rep. Mary Bono		Category/ Type					
Senate X President	ment For: 2008 Primary General Other (specify)	71	Candidate Contribution				
State: CA District: 45 Full Name (Last, First, Middle Initial)							
Cantor For Congress			Transaction ID: 25945115 Date of Disbursement				
Mailing Address P. O. Box 17813			$ \begin{bmatrix} M & 5 & M \\ 0 & 5 & M \end{bmatrix} / \begin{bmatrix} D & 1 & B \\ 0 & 1 & B \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$				
City Richmond	State Zip Code VA 23226		Amount of Each Disbursement this Period	od			
Purpose of Disbursement Candidate Contribution							
Candidate Name Rep. Eric I. Cantor		Category/ Type					
Office Sought: X House Senate President State: VA District: 7	ment For: 2008 Primary X General Other (specify)		Candidate Contribution				
SUBTOTAL of Disbursements This Page (optional)			3000.00				
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SCHEDULE B (FECFOIIII 3X)	Use seperate schedule(s)	FOR LINE		
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NAME OF COMMITTEE (In Full) American Optometric Association Political	· ·			
Full Name (Last, First, Middle Initial) A. Nathan Deal For Congress			Transaction ID: 25945190 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 902			05 16 2007	
	State Zip Code GA 30503		Amount of Each Disbursement this Period	d
Purpose of Disbursement Candidate Contribution		011	1000.00	
Candidate Name Rep. Nathan Deal		Category/ Type		
	ment For: 2008 Primary General Other (specify)		Candidate Contribution	
Full Name (Last, First, Middle Initial) 3. Diana Degette For Congress Inc.			Transaction ID: 25945113 Date of Disbursement	
Mailing Address P.O. Box 61337			05 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	State Zip Code		Amount of Each Disbursement this Period	
Denver	CO 80206			
Purpose of Disbursement Candidate Contribution		011	1000.00	_
Candidate Name Rep. Diana DeGette	C	Category/ Type		
	ment For: 2008 Primary General Other (specify)		Candidate Contribution	
Full Name (Last, First, Middle Initial) Friends Of Senator Carl Levin			Transaction ID: 25945146 Date of Disbursement	
Mailing Address 10 G Street Ne, Suite 47)		$\begin{bmatrix}\begin{smallmatrix}M & 5 & M \\ 0 & 5 & M \end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D & 1 & 6 \\ 1 & 6 \end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y & Y & Y & 0 & 7 \\ 2 & 0 & 0 & 7 \end{smallmatrix}\end{bmatrix}$	
,	State Zip Code DC 20002		Amount of Each Disbursement this Period	d
Purpose of Disbursement Candidate Contribution		011	1000.00	
Candidate Name Sen. Carl Levin	C	Category/		
	ment For: 2008 Primary General Other (specify)		Candidate Contribution	
SUBTOTAL of Disbursements This Page (optional)		▶	3000.00	
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	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)		NUMBER: PAGE 108 / 118
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Political	•		
۹.	Full Name (Last, First, Middle Initial) John Lewis For Congress			Transaction ID: 25945046 Date of Disbursement 05 16 25945046 2007
	Mailing Address 2015 Wallace Rd.			03 10 2007
	City Atlanta	State Zip Code GA 30331		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		011	2000.00
	Candidate Name Rep. John Lewis		Category/ Type	
		ment For: 2008 Primary General Other (specify)		Candidate Contribution
3.	Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress			Transaction ID: 25945223 Date of Disbursement
	Mailing Address P.O. Box 9336			05 M / D 16 / Y 2007
	City Fargo	State Zip Code ND 58106		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		011	2500.00
	Candidate Name Rep. Earl Pomeroy		Category/ Type	
	9 7	ment For: 2008 Primary General Other (specify)		Candidate Contribution
Э.	Full Name (Last, First, Middle Initial) Rangel For Congress			Transaction ID: 25945189 Date of Disbursement
	Mailing Address PO Box 5577 Manhattanville Sta			05 16 7 2007
		State Zip Code NY 10027		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		011	1000.00
	Candidate Name Rep. Charles B. Rangel	Category/ Type		
	9 1	ment For: 2008 Primary General Other (specify)		Candidate Contribution
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NAME OF COMMITTEE (In Full)	and address of any political co	minutee to St	mon contributions from St	uch committee			
American Optometric Association Political	Action Committee						
Full Name (Last, First, Middle Initial) A. Jim Gerlach For Congress Committee			Transaction ID: 259				
- Jim Genach For Congress Committee			Date of Disbursemen				
Mailing Address PO Box 87			0.5	Y ŽOŎ7			
City Uwchland	State Zip Code PA 19480		Amount of Each Disb	oursement this Period			
Purpose of Disbursement	13400			1000.00			
Candiate Contribution		011					
Candidate Name Rep. James W. Gerlach		Category/ Type					
Senate X President	ment For: 2008 Primary General Other (specify)		Candiate Contribut	tion			
State: PA District: 6							
Full Name (Last, First, Middle Initial) Michaud For Congress			Transaction ID: 259 Date of Disbursemen				
Mailing Address 213 Lisbon Street			05 16	['] 2007			
City	State Zip Code		Amount of Each Disb	oursement this Period			
Lewiston	ME 04240			1000.00			
Purpose of Disbursement Candidate Contribution		011		1000.00			
Candidate Name Rep. Michael H. Michaud		Category/ Type					
Senate X President	ment For: 2008 Primary General Other (specify)		Candidate Contribu	ution			
State: ME District: 2 Full Name (Last, First, Middle Initial)			: ID 050	\45454			
Hawkeye PAC			Transaction ID: 259 Date of Disbursemen				
Mailing Address P.O. Box 7255			05 16	^Y 2007 ^Y			
City Des Moines	State Zip Code IA 50309		Amount of Each Disb	oursement this Period			
Purpose of Disbursement Committee Contribution	ent			5000.00			
Candidate Name		011 Category/ Type					
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		Committee Contrib	oution			
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NAME OF COMMITTEE (In Full)	c and address of any political col		mon continuations from such confinitee				
American Optometric Association Politica	Action Committee						
Full Name (Last, First, Middle Initial)			Transaction ID: 25945128				
Schultz Debbie Wasserman			Date of Disbursement				
Mailing Address 1071 Twin Branch Ln			$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} $				
City	State Zip Code FL 33326		Amount of Each Disbursement this Period				
Weston Purpose of Disbursement	FL 33326		1000.00				
Candidate Contribution		011					
Candidate Name Rep. Debbie Wasserman-Schultz		Category/ Type					
The state of the s	ement For: 2008 Primary General Other (specify)		Candidate Contribution				
Full Name (Last, First, Middle Initial)			T ID 05045005				
3. Allyson Schwartz For Congress			Transaction ID: 25945095 Date of Disbursement				
Mailing Address P.O. Box 2232			$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} $				
City Jenkintown	State Zip Code PA 19046		Amount of Each Disbursement this Period				
Purpose of Disbursement Candidate Contribution		011	2000.00				
Candidate Name Rep. Allyson Y. Schwartz	C	Category/ Type					
Senate X President	ement For: 2008 Primary General Other (specify)		Candidate Contribution				
State: PA District: 13 Full Name (Last, First, Middle Initial)			- "				
Silk PAC			Transaction ID: 25945225 Date of Disbursement				
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3. Berkley For Congress			Transaction ID: 25995945 Date of Disbursement
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City St. Louis	State Zip Code MO 63108		Amount of Each Disbursement this Period
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	Mailing Address 181-A Knight St						5 '			29]	2	ž o ŏ	7
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_	Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress								on ID			922		
	Mailing Address 235 Montgomery Street Suite 610						5	М	/ D	2 9	/ [Y	Ý 0 Ŏ	7 ^Y
	City San Francisco	State Zip Code CA 94104				A	noui	nt o	f Eacl	h Dis	sburs	emer	nt this	Period
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Α.	Full Name (Last, First, Middle Initial) John Shadegg Friends						Trans Date						
	Mailing Address PO Box 45444						o ^M 5	М	D 2	2 9	/ Y	ž 0 ŏ 7	7 ^Y
	City Phoenix	State AZ	Zip Code 85064				Amou	ınt of	Each	Disb	urseme	nt this I	Period
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	Mailing Address 123 East 13th Street						0 5	ž 0 ŏ 7	7 ^Y				
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Α.	Friends Of Connie Mack							of Di	isburs		nt	· V	V	V
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	Mailing Address PO Box 2571						0 5		4	2 9			0 0 7	
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	Mailing Address PO Box 549						0 5	IMI	′	29	Ľ	2	0 ŏ 7	
	City Napoleonville	State Zip Code LA 70390					Amou	ınt o	f Each	n Dis	burser	ment	this F	Period
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NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Committee							
Full Name (Last, First, Middle Initial) A. Akaka In 2006			Transaction ID: 2600210 Date of Disbursement					
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,	State Zip Code HI 96825		Amount of Each Disburse					
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Full Name (Last, First, Middle Initial) 3. Lincoln Chafee U.S. Senate			Transaction ID: 260021	04				
Mailing Address PO Box 7329			05 / 31 /	2007				
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Wynn For Congress Mailing Address P.O. Box 39139			Date of Disbursement O 5	2007				
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Washington	DC 20016		Amount of Each disburse	-1000.00				
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